

THE LIVED EXPERIENCE OF UNTIMELY SPOUSAL BEREAVEMENT

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ABSTRACT

The death of a spouse is one of the most profound and life-altering events adults will ever experience. While the experience of spousal bereavement is traumatic at any time, there is evidence to support the fact that young women who are widowed experience unique challenges. The purpose of studying young widows was to understand the meaning of spousal bereavement for individual participants. The research tradition of phenomenology was chosen to inform the study, and the guiding question became “what is the lived experience of spousal bereavement for young women?”

The study participants were five women who were under the age of 45 at the time of their husband’s death. The experiences of these young widows were illuminated through stories and reflections on the journey of a young widow. Five themes emerged from their experiences. Young widows grieve both the loss of a companion and the death of their dreams. Accompanying these losses can be the challenges of single parenthood, the need for career, financial and lifestyle changes, and the readjustment to life as a single adult. Increased understanding from the perspective of the bereaved widow, along with strategies and interventions for nurses working with this group of women, will provide nurses and health care professionals with skills to better assist this client population.

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CHAPTER ONE - INTRODUCTION

The death of a spouse is one of the most profound and life-altering events adults will ever experience. While the loss of a spouse is traumatic at any time, the experience of spousal bereavement at a young age brings with it unique challenges. Young widows grieve not only the physical loss of a companion but also the loss of dreams and expectations, the loss of what might have been. The challenges facing young widows have not been well addressed in the literature. Widows of any age have been found to experience adverse health effects (Charlton, Sheahan, Smith, & Campbell, 2001; Parkes & Brown, 1972), as well as financial insecurities, and raising children alone (Staudacher, 1987). Young widows have been identified as experiencing depression (Blanchard, Blanchard, & Becker, 1976; Zisook & Schuchter, 1991), more severe grief reactions (Ball, 1977), and lower morale as compared to older widows (Morgan, 1976). According to Stroebe and Stroebe (1987), young widows have more difficulty with the initial adjustment to their loss and may experience a greater degree of emotional suffering than women who are widowed later in life.

1.1 Significance and relevance of the study

My personal experience of spousal bereavement has allowed me to identify that both understanding of, and support for, the young widow is not well developed. The literature on the young widow is very limited and there have been no reported studies completed in Canada. Additionally, a number of the references on young widowhood are dated and may not provide a current perspective on the issue.

Statistics Canada data for the 2001 census identified that Saskatchewan has 47,810 widows, with 8,810 living in the Saskatoon area (Statistics Canada, 2001). While it is not possible to identify from this data the proportion of these women who are under age 45, even if the number is small there is merit in investigating and increasing knowledge and understanding of the phenomenon of young widowhood.

Nurses are expected to provide holistic care and to demonstrate understanding and empathy for clients; therefore, knowledge of the lived experience for these individuals is invaluable (Swanson-Kauffman & Schonwald, 1988). Increased understanding of the phenomenon of untimely spousal bereavement from the perspective of the bereaved spouse will prepare nurses to better assist this client population.

1.2 Purpose of the study

The purpose of studying the experience of young widows was to explore the “lived experience” of spousal bereavement. Specifically, the purpose was to identify and understand the meaning of spousal bereavement for individual participants. The study was guided by the question “What is the lived experience of young widowhood”? Patton (2002) explains that a phenomenological study is “one that focuses on descriptions of what people experience and how it is that they experience what they experience” (p. 106). Furthermore, Patton explains that “phenomenology assumes that there is an essence or essences to shared experience” (p. 106). Van Manen (1990) describes essence as “the very nature of a phenomenon, that which makes a some ‘thing’ what it is – and without which it could not be what it is” (p. 10). Therefore, this study attempted to uncover the essence of untimely spousal bereavement. This was accomplished by focusing on the

participants recollections of events which, for them individually, most clearly presented what they experienced as women who became widows at a young age.

CHAPTER TWO - REVIEW OF THE LITERATURE

The literature on the experience of young widowhood is very sparse, and the lived experience has not been explored in any research I have been able to identify. Based on the fact that there are a number of women in our society who are widows (Statistics Canada, 2001), it seems only right to study young widowhood in the hope of being able to illuminate and understand the experiences of these women.

The literature search for this study included searching the databases of CINAHL, PsychInfo, Sociology Abstracts, and MedLine. Search terms included spousal bereavement, conjugal bereavement, young widows, widowhood, single parenting, grief, loss, bereavement, and mourning. The various searches yielded only three published articles on young widows (Blanchard, Blanchard, & Becker, 1976; Boeck, 1991; Parkes & Brown, 1972), and three additional unpublished doctoral dissertations dealing with the same subject (Derman, 1999; Guckin, 2002; Shaffer, 1993). These three studies were conducted by researchers who had been widowed as young women. The following literature review provides definitions of terms used in this thesis and insights on various aspects of being widowed young.

2.1 Bereavement, grief, and mourning

Bereavement, grief, and mourning are the words used to conceptualize the experience of losing one's spouse to death. To be bereaved is to be deprived of something. A loss has occurred in which someone important has been taken away (Neimeyer, 2000; Rando, 1986).

Grief then, is the response to the loss. Grief encompasses the emotions, thoughts, and behaviors that are experienced in reaction to the death of a loved one (Clerien, 1993; Parkes & Weiss, 1983; Wolfelt, 1989). Pine (1986) wrote a discussion paper on anticipatory grief. Pine defines grief as the “psychological and physiological process that occurs in response to a specific loss. The complex set of emotions and behavior surrounding it are referred to as grief manifestations” (p. 39). Attig is a philosopher who teaches and writes on the experiences of death and dying. His description of grief addresses the adaptation and adjustment of bereaved young women to their new lives:

...[we] address our new life situation, come to terms with the absence of the one who has died, deal with our anguish, pick up the pieces of our shattered lives, and move into the next chapters of our biographies which are indelibly colored by our bereavement (1996, p. 8).

Thus, grief includes taking a look at life from the new vantage point provided by the loss that has taken place, and adjusting one’s beliefs, assumptions, hopes, and dreams accordingly. Neimeyer (2000) identifies meaning construction as the central process of grieving. This author characterizes grieving as the time to make sense of loss by beginning to make memories and reconstruct meaning in a personal world that has been challenged by the loss.

Mourning is taking the internal experience of grief and expressing it outwardly. Wolfelt (1989), a thanatologist and grief counselor, describes mourning as sharing one’s grief outside of their private self, or “going public” with one’s grief (p. 26). Rituals such as funeral services and wakes are traditional ways of mourning the loss of a loved one.

Private rituals such as journaling, poetry writing, and writing letters to the deceased have been found beneficial in mourning (Neimeyer, 2000).

2.2 Anticipatory grief

Lindemann (1944) conducted a qualitative investigation of acute grief. His participants included 101 individuals from the following groups: “patients whose relatives died in treatment or in hospital, survivors of the Coconut Grove Nightclub fire in Boston and their relatives, and relatives of members of the armed forces” (p. 141). Lindemann was likely the first individual to publish the term anticipatory grief. In this initial research, Lindemann described anticipatory grief as going through the stages of grief prior to the actual death. Ball (1977) completed an early study that looked at the influence of age and mode of death on the grief process. Ball studied the effects of bereavement on a total of 80 widows from the following three age groups [18 – 46; 47 – 59; and 60 -75 years]. Ball’s research described anticipatory grief as the feelings before the death of someone such as a mate or other significant individual in one’s life. The main question when discussing the experience of anticipatory grief is whether or not it makes a difference for the individual dealing with the experience of spousal bereavement. The expectation of many people is that anticipatory grief will lessen the effect of the actual loss because one has the opportunity to prepare for it. Research into the topic, however, does not validate this expectation. Duke’s (1998) phenomenological study with four individuals whose spouses had died of cancer, found that it is not possible to adequately determine whether anticipation of a spouse’s death affects the bereavement period. One of Duke’s study participants addressed the difference between before and after bereavement with this comment... “Nothing could have prepared me for the impact

that her death made on me ... the time after her death was completely and dreadfully different” (p. 836). This comment shows that the anticipation of his wife’s death did not assist this individual in his grief.

Rando (1986) writes from the perspective of a psychologist who is an expert on the subject of bereavement. Her initial work in describing grief and loss found that “grief following unanticipated bereavement differs in both form and duration from anticipated grief” (p. 8). Perhaps the most significant difference is found in the nature of the response. In anticipated grief the response could be somewhat less intense initially because of the expectation of the upcoming loss. Rando (1986) stated, “the value of a period of anticipation is that it allows for less of an assault on the mourner by providing an opportunity for emotional preparation for the loss” (p. 9). Another aspect of anticipatory grief is the inability of survivors to accept the fact that death will actually occur. Rando (1986) called this ambivalence, and stated that it has a special impact on anticipatory grief because as long as the individual is still alive family members, friends, and caregivers cannot grieve that they are gone. The research findings of Parkes and Weiss (1983), who completed numerous studies on recovery from bereavement, support Rando’s interpretation of anticipated grief:

Losses are still in the process of being experienced, so they cannot yet be resolved. However, this lack of resolution, obviously precluded by the fact that hope still exists and the final irreversible separation has not yet occurred, does not mean that grieving is not taking place (p. 14).

Rando (1986) went on to say that “forewarning of loss allows for certain kinds of anticipatory preparations that can be therapeutic, such as learning to live with the prospect of loss so that when it does occur it is at least not unexpected...” (p. 11). These comments show that the findings on anticipatory grief are varied and not all researchers are in agreement as to the contribution of anticipated death to the recovery and adaptation of widows.

2.3 Sudden Death

Early research by Ball (1977) suggests “sudden death, and ...anticipatory grief, have been related to grief severity by some writers, but in controlled experiments no such relationship has been demonstrated” (p. 315). Maddison and Viola (1968) conducted a quantitative study in Boston and Sydney with 375 widows whose husbands were between ages 45 and 60 at the time of death. The study used matched control groups to evaluate health deterioration in married individuals of the same age and socioeconomic status. The questionnaire focused on issues surrounding the health of these individuals in the first year following bereavement. The findings indicated that spousal bereavement is a risk factor for health deterioration, but women who are bereaved suddenly and without warning are no more likely to suffer ill health than those whose husbands are ill prior to death. Sudden death may elicit distinctly different responses. Ball believes that since “sudden death would be an instance where anticipatory grief would have been absent...sudden death would then be associated with stronger, more intense grief” (p. 314). Ball’s study found that younger widows whose husbands died suddenly, and thus had no anticipatory grief, displayed a more severe grief reaction than any other group.

2.4 Women and widowhood

The focus of this research is the lived experience of spousal bereavement in young women. Thus, the grief experiences of older women will only be presented to provide a contrast to the findings related to younger women. Men's grief presents a unique perspective that was not investigated in this study, and therefore, is not presented in the literature review.

An issue that arises in the study of widowhood is that of the physical and psychological health of widows. Physical health changes were identified in a quantitative, exploratory study done by Kirschling and McBride (1989). This study, with 72 widowed persons between the ages of 24 and 83, found that the young widows experienced the highest degree of difficulty with physical symptoms, such as loss of sleep and fatigue. Parkes (1964) reviewed the health records of 44 London widows between the ages of 38 and 81, looking for the effects of bereavement on the physical and mental health of widows. Parkes' study participants experienced depression, anxiety, and insomnia. Parkes and Brown (1972) completed a qualitative study in Boston in which they interviewed a sample of 49 widows and 19 widowers who were under the age of 45. Three interviews were conducted with each participant over the first year of bereavement. According to Parkes and Brown, younger widowed persons reported sleep disturbances, and changes in appetite and weight, as well as an increased use of alcohol, cigarettes, and sedatives. Blanchard et al. (1976) used a semi-structured interview to study the health of 30 women widowed before the age of 45 years. The study findings centered on the fact that these young widows experienced both physiological and psychological responses to the shock of the death of their husbands. Hopelessness, worthlessness, depression, anger,

restlessness, and fatigue were all present for these participants, with the most significant rise in these symptoms being reported around the beginning of the second year of bereavement. Charlton et al. (2001) studied medical records of 100 bereaved spouses in England for the period of 12 months before and 12 months after the death of the spouse. They found the medical consultations for the widowed individuals increased following the spouse's death, and the majority of the consultations were for physical health ailments rather than psychological problems.

Zisook and Schuchter (1991) used the Widowhood Questionnaire to study the adaptation of 350 widowed persons between the ages of 26 and 85, who had been widowed for at least seven months. The questionnaire focused on mental and physical health, and the significant findings included younger widows experiencing more negative consequences of bereavement than the older women in the survey. The widows all expressed some degree of depression and anxiety, as well as yearning for the presence of, or connection with, the deceased spouse. The younger widows were also found to be more likely to feel helpless in their situation and to react emotionally to the changes they were going through.

Ott and Lueger (2002) used a cohort sequential design to assess changes in mental health of 118 widowed individuals between the ages of 27 and 87 whose spouses had died 3 to 18 months previously. Data were collected over a 24 month period. The study found the lowest mental health score reported at around six months, with gradual improvement following; however, at 24 months the scores were still one full standard deviation below the mean of the general population. Several of the participants found the second year more difficult than the first, a finding that is reflected in the work of Zisook

and Schuchter (1991) who found spousal bereavement can bring a potential lifetime of struggles with adjustment and adaptation.

One of Parkes' (1964) findings was the rise in psychiatric consultations during the first six months of bereavement among the participants who were under the age of 65. Parkes concluded that "the emotional disturbance caused by the loss of a husband in women under the age of 65 is a severe one that commonly leads the widow to seek help from her G.P." (p.28). This would perhaps indicate that the adjustment to widowhood is initially more difficult for younger women. Changes in mental health of the bereaved identified by Parkes and Brown (1972) included depression, restlessness, indecisiveness, and a sense of strain that was not present in the control group.

Two studies point to the fact that women are likely to deal with widowhood by looking to others for help and support (Harvey & Hanson, 2000; Quigley & Schatz, 1999). Harvey and Hansen studied 90 widowed or divorced individuals over age 60, who were seeking new relationships. These authors found that women will seek out accountability relationships and confide in others about the effects of their experience of bereavement, and that they are expressive and analytical about major loss events. Quigley and Schatz, whose quantitative study with 43 widows and widowers compared grief responses between men and women, found that women were focused on their lived experience and wanted to share this emotional time with family and friends. This parallels the findings of other researchers that women are more open and willing to share their experiences with others and find help for their grief through social support (Boeck, 1991; Folken, 1991; Kaunonen, Tarkka, Paunonen, & Laippala, 1999). These research

findings indicate that women benefit from support in their adaptation to widowhood and frequently seek out the help they need.

The discussion on the experience of women and widowhood presents some understanding of the ways that women respond to the life-altering event of spousal bereavement. Both physical and mental health have been found to be significantly affected by spousal death and women struggle to adapt to the stresses and challenges brought about by this loss. Women have also been found to seek out various supports for themselves to assist their adjustment to life without their spouse.

2.5 Influence of Age

The literature presents more than one perspective on how the age of the bereaved influences grieving. Spousal bereavement is life changing at any age; however, there is not necessarily agreement on whether younger or older widows have more difficulty with adaptation to their loss. I have chosen to present a perspective that I find is reflective of the experience of my participants. In this perspective, the discussion of age-related effects of bereavement is more closely linked with life circumstances than with a specific age group.

Pearlin's (1982) theory of how individuals handle stress offers one explanation for the effects of widowhood at a young age. Pearlin's understanding of stress, and the resulting theory he developed, emerged from his studies of 2,300 individuals with whom he and his colleagues pursued the question of how social roles and life events affect one's ability to cope in life. Pearlin articulates his belief that events that are scheduled or expected have much less influence on our lives than unexpected events. He elaborates on this in his explanation that the impact of an experience is most clearly identified by the

way it is integrated into one's daily life. Similarly, Neugarten's (1979) discussion on adult development and the effects of aging presents her position that events that are on time and follow a normal, predictable life cycle are less disruptive or difficult than those events that are not.

The findings of Pearlin (1982) and Neugarten (1979) seem to indicate that since spousal bereavement is expected in the elderly, and unexpected in the young, it will be the young widowed who will have more difficulty with the experience. The literature provides some support for this position. Neimeyer (2000) has studied grief and loss extensively and is in agreement with these findings when he states that "off time deaths" that are "out of sync" with the family life cycle may be difficult to accommodate as they rob one of the expected future. Ball's (1977) findings from the widows between ages 18 and 46 years were that their grief reactions were more severe than those of the older widowed. Parkes (1964) found that untimely loss appears to increase health and adjustment problems; however, he recommended further study to support his conclusions. Several authors have linked young widowhood with both physical and psychological health problems following bereavement (Blanchard et al., 1976; Parkes & Brown, 1972; Pearlin, 1982; Stroebe & Stroebe, 1987). Stroebe and Stroebe have summed up the age predictor in their conclusion that the younger widowed are at greater risk for health complications and perhaps also suffer more emotionally. Based on these findings from the literature, I propose that perhaps widowhood brings to the younger population greater susceptibility to difficulties with adaptation than the bereavement of older women. This conclusion is made because of the fact that spousal bereavement in young women is an

“off time” event that disrupts the expected course of life and brings stresses not normally associated with the stage of life these women are in.

This study on untimely spousal bereavement will offer to the literature the perspective of the lived experience of young widows. The literature presents no studies comprehensively exploring the specifics of living as a young widow. Some studies have been completed that address certain aspects of spousal bereavement in young women, but none of these present the essence of the lived experience. There are no studies that present the perspective of Canadian women. The value of knowing the lived experience of young widowhood lies in the opportunity to understand the unique challenges faced by young women. This understanding may enable others to empathically relate to young widows and provide support and assistance.

CHAPTER THREE - RESEARCH METHODOLOGY

3.1 Research design

Qualitative research has been described as “the investigation of phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative material using a flexible research design (Polit & Hungler, 1997). This study employed phenomenological research methods. Phenomenology has been presented as an inductive, descriptive, research method that seeks to explore and then explain the phenomena as it exists in human experience (Omery, 1983). In order to illuminate the lived experiences of young widows, an unstructured interview with guiding questions was used. Allowing each woman to tell her story of widowhood as it was lived was consistent with the phenomenological research design.

Torres (1990) finds phenomenology particularly appropriate for nursing since the individual is the center or “core” of nursing practice and phenomenology focuses on the experience of the individual. Similarly, Streubert-Speizle and Carpenter (2003) support the use of phenomenology in nursing research by their statement that this approach investigates the “integrated whole” of the individual, just as nursing is grounded in the beliefs that nurses care for the “mind, body and spirit” (p.65). For these reasons, it was decided that a qualitative design in the tradition of phenomenology would provide the most effective approach for this nursing thesis.

The phenomenological approach to research initially interested me because it was focused on the lived experience. Due to my personal passion for the topic I had chosen to investigate, it was critical to me that I be able to search the subject deeply and identify what it was that made the experience unique. Something inside me resonated with the

opportunity to spend time with women who had lived through spousal bereavement and hear from them how their lives had been forever changed, and how they were adapting and adjusting to their new lives.

So I went in search of an understanding of phenomenology. The first thing I discovered was that there is no single way of applying phenomenology in research studies. Numerous scholars have sought to identify what phenomenology is and have developed their personal approach to this research tradition. The thing that is common to phenomenology, however, is the focus on determining the essence or core meaning of the phenomenon. Patton (2002) tells us that “what these various phenomenological approaches share in common is a focus on exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning. This requires methodologically, carefully, and thoroughly capturing and describing how people experience some phenomenon” (p. 104). Traditional phenomenology requires that the researcher separate herself from the phenomenon in order to be able to objectively analyze and understand the experience of the participants. This was very challenging for me because of my personal involvement with the phenomenon of untimely spousal bereavement. I attempted to remove myself from the process, only to find that I was struggling to conduct interviews with the depth and richness that I so desired. So it was with a sense of wonder and delight that, in my quest to understand the research tradition of phenomenology, I came across the approach known as heuristic inquiry. The foundational question that directs a heuristic inquiry is “what is my experience of this phenomenon and the essential experience of others who also experience this phenomenon intensely?” (Patton, 2002, p. 102). It appeared that this

approach would be especially suited to one who was investigating a phenomenon they themselves had experienced, so I dug a little deeper into the description of heuristic inquiry. Moustakas (1990) explains that heuristic inquiry arises from a “passionate desire to know, a devotion and commitment to pursue a question that is strongly connected with one’s own identity and selfhood” (p. 40). This was certainly true of my desire to explore the phenomenon of untimely spousal bereavement. Moustakas further states that the question “is illuminated through careful descriptions, illustrations, metaphors, poetry, dialogue and other creative renderings rather than by measurements, ratings or scores” (p. 42). Heuristic inquiry, then, is a research approach that requires the researcher to be a part of the exploration of the phenomenon and to discover how the phenomenon has contributed to her personal growth, self awareness, and discovery of self.

The heuristic inquiry model developed by Douglass and Moustakas (1985) gives the framework for this study. Heuristic inquiry begins with the phase of immersion. In this phase the researcher is exploring the question, problem, or theme and requires one to identify both the relevance of the question and how one’s own experience will contribute to the understanding of the experiences of the participants.

Secondly, the model describes the phase of acquisition, the data collection phase. In a heuristic inquiry, “data are broadly construed to mean that which extend understanding of or add richness to the knowing of the phenomenon in question” (Douglass & Moustakas, 1985, p. 48). Heuristics recognizes that subjective knowledge has value and allows the researcher to use her experience to illuminate and deepen that of the participants. A heuristic study then, includes self disclosure as a way of facilitating disclosure from others. During the acquisition phase, the heuristic researcher is

responsible for reflecting on one's own experience with the same commitment as they seek to understand that of the participant.

The third phase of the model is realization, and Douglass and Moustakas (1985) state that in this phase "a whole is assembled from the fragments and disparate elements that have been generated during the search for essence and meaning" (p. 52). In the realization phase, the researcher is challenged to go beyond a summary of the data and generate a new reality that most accurately and effectively portrays the findings that have emerged from the collaboration between the researcher and the participants.

Heuristics presents an opportunity for researchers who are passionate about a particular phenomenon that has shaped and directed their own lives, to investigate this with others who have also experienced it. This approach to research involves immersion in the question, acquisition of an understanding of the phenomenon through detailed investigation, and synthesizing what lies at the very core of the phenomenon in a way that others will be able to experience it through the written presentation.

3.2 Participant selection

The goal of this study was to increase the current knowledge regarding the lived experience of young widowhood. The target population for this study was women who were under the age of 45 when their spouse died. In addition to age limit, inclusion criteria asked that the women be legally married and living together at the time of the spouses death so as to provide for some consistency among the experiences. The women were also required to have children under age 18 living in the home at the time of death in order to include the young women's experience of single parenting. The women were required to be at least one year, but not more than eight years, from the time of the death

of their spouse. This was an attempt to find participants who could relate clearly and vividly with the loss they had experienced, and to be able to do this without being overwhelmed by the emotions of the experience. In addition, the criteria required that the participants be able to read and write English, and had consented to participate in the study.

The initial participant was recruited through my personal relationships with young widows who I had met in a support group. The snowball sampling technique (Polit & Hungler, 1997) was then employed to recruit the remaining four participants. Snowball sampling is described as, “the selection of participants by means of nominations or referrals from earlier participants” (p. 469). The potential participants were asked if they were interested in a study addressing their experience of widowhood. They were then asked if they were willing for me to contact them for an initial conversation to outline the purpose and intent of the study and determine their eligibility. From these conversations, participants indicated their willingness to be involved in this study, and specific participants with various experiences were chosen for the study. The second participant who was chosen to participate in the study was chosen to provide the perspective of a widow who had remarried. After completion of the first interview, this woman chose to discontinue participation for personal reasons. Saturation was reached with five participants. Polit and Hungler (1997) explain that saturation occurs when no new ideas or themes are being discovered from interviews with participants. Daggett (2002) and Duke (1998) conducted similar phenomenological studies with widowed individuals and found saturation to be reached with four or five participants.

3.3 Data collection

Information was collected by in-depth, unstructured interviews, with the researcher being the primary instrument. The aim in these interviews was to discover accurate and complete descriptions of the various components of the lived experience of young widowhood. The thing that sets heuristic inquiry apart from traditional phenomenology is the declaration at the outset of the study that the researcher is intimately acquainted with the phenomenon. The researcher becomes the principal investigator working with the participants in the discovery of the essence of the phenomenon (Moustakas, 1990). Thus, the participants and I began to explore the phenomenon of untimely spousal bereavement together. Patton (2002) recommends informal, conversational interviews, or open ended interviews, in which guiding questions and prompts are developed and used to direct the dialogue, taking the cues from the participant as to the direction of the interview. I used guiding questions to help direct the thoughts of the participants during the interviews (Appendix C).

Interviews lasted between 60 and 90 minutes and were audio taped and transcribed. Each of the participants was interviewed twice, and the initial participant was interviewed three times, bringing the total number of interviews to eleven. Second and third interviews allowed participants to reflect on their initial interview and other issues they wished to elaborate on, and the researcher to clarify or augment information obtained from the previous interview. Moustakas (1990) explains that data are gathered most effectively when the climate is empathic and encourages the participant to respond comprehensively in her description of the phenomenon. Participants are encouraged to explore ideas, thoughts, and feelings to their natural conclusion.

Four participants were interviewed in their homes, and one was interviewed at her place of employment. The interviews were transcribed and returned to participants for review. They were given the opportunity to delete, augment, or alter any part of the transcript. None of the participants chose to make any changes in the interview transcripts. A transcript release form was signed, allowing me as the researcher to reflect on and use the data (Appendix B). I made brief notes immediately following the interview to comment on observations of participant's behaviors, responses, and non-verbal communication, followed by more extensive field notes as soon as possible after the interview. These notes frequently included reflections of my experience as the researcher, and identified my personal feelings as I listened to other young widows tell their stories.

3.4 Ethical Considerations

In preparation for developing this study, the guidelines from the *Canadian Nurses Association Code of Ethics for Registered Nurses* (2000) and the *University of Saskatchewan Research Handbook* (1995) were reviewed. Prior to the commencement of this study, a thesis committee of the College of Nursing at the University of Saskatchewan reviewed the proposal, and the Behavioral Research Ethics Board of the University of Saskatchewan granted ethical approval.

In order to maintain the integrity of this research study, the ethical principles of autonomy, beneficence, and justice (Streubert-Speizle & Carpenter, 2003) were addressed. Autonomy refers to the individual's choice to participate and the need for informed consent (Streubert-Speizle & Carpenter). Potential participants received information concerning the nature of the study, the extent of their involvement,

procedures for gathering and handling data, and anticipated benefits of the research. Principles of beneficence and justice, which refer to doing good and preventing harm, (Polit & Hungler, 1997) were addressed by having procedures in place to maintain confidentiality and to provide counseling following the interviews if needed. In one instance, a participant began to experience difficulties in her journey as a widow approximately six months following her participation in this study. Since this young woman is an acquaintance of mine she began to share some of her struggles with me. I was able at that time to encourage her to seek counseling to address some of these challenges. Dr. Karen Wright, a registered psychologist and the supervisor for this research study, provided this counseling. This information is outlined on the consent form for research participants (Appendix A). The nature of a qualitative study precludes anonymity; however, I explained the procedures designed to protect participants' identities that included use of pseudonyms and limiting transcript access to me and the study supervisor.

The data/transcript release form was another opportunity to protect the participants' rights to ethical treatment. This form outlines the method of protecting the participants' identity by keeping transcripts in a secure location, accessible only to the study supervisor and me (Appendix B).

3.5 Researcher as instrument

My experience as a novice researcher proved to be an interesting journey. I began the study with a measure of confidence; based on the fact that since I had the same experience as my participants I was sure I could interview them and arrive at many important and valuable conclusions about the experience of young widowhood. The

researcher as instrument is an integral part of heuristic inquiry. As a registered nurse, and someone who was widowed at the age of 39, I entered the process thinking I was well qualified to conduct a study of this nature. After all, I was involved in leading grief and loss retreats for a period of three years following the death of my husband. In this role, I had been responsible for facilitating small group discussions related to spousal bereavement, and providing counsel to other young widows. I was certain I had learned enough that I could now use my experience to enter into the lives of other young widows and learn from them how they were experiencing untimely spousal bereavement.

My first clue that things were not going as planned came when it was gently but pointedly identified to me that I was not really getting at the essence of the stories of my participants. I made the following entry in my journal:

K and I talked. She feels I have not done justice to my participants in the first three interviews... she says I am not allowing myself to be real in the process, that I'm staying too close to the interview questions and not allowing participants to really explore their stories. Is she right? I think I'm afraid that I will say the wrong thing and trigger a reaction I won't know how to handle. I'm afraid something a participant says may trigger something in me...it's like I have put up a wall between myself and the participants so I don't have to enter into the process, and I won't have to experience the reactions that may come... so, what now?

Having made this discovery, I had to step back and take a good look at what I was doing. Addressing my personal fears and anxieties in my journal, discussions with trusted

friends, and many long talks with God, resulted in the ability to begin to probe the specifics of the experiences of my participants.

I was, at times, surprised by the feelings that were elicited in me through the stories of other young widows. The following entry from my journal demonstrates this:

I found myself struggling to hold back tears at times, and it had nothing to do with C's story and everything to do with how I was remembering my own experiences ... I'm wondering if I need to be going through some form of this interview myself so I can sort through my feelings and not be trying to process them when I should be concentrating on interviewing my participants.

I then shared my own story with my supervisor; an exercise that I believe significantly affected my understanding of my own experience. Another entry from my journal speaks to the journey that I have been on as I researched and wrote this thesis:

I need courage and stamina to continue – I've started reading both the literature and the transcripts again and it's quickly bringing up my feelings and reactions as I identify with the walk that is being described by others. When will I be able to read and not react with my emotions? Is this a realistic goal? What is the sign that I will know that I'm really and truly done with grieving F's death? I wonder if I let go of my grief if I somehow feel that I will be forgetting or abandoning F?

Thoughts of this nature served to connect me with my research and yet push me to define the lived experience in my own life so as to be able to relate to my participants most effectively.

As I reflect on my role of the researcher as instrument, I find myself somewhat encouraged by what I see. I thought I was prepared for this role initially; I am now better

equipped to be an effective researcher. The challenge has been in learning when to put aside my personal feelings and when to dig deeper into my life in search of the essence of the experience for me. Finding at times that my personal experience also contributed to the understanding of the process, I was able to better relate to my study participants and encourage their candid reflections on their experiences. Further reflections on the journey of the researcher in this study will be discussed in chapter five.

3.6 Data analysis

The purpose of a phenomenological approach is to explain the experience of individuals and, ultimately, to make meaning of these experiences. Data analysis in heuristic inquiry has been described by Moustakas (1990) and will be outlined here. The initial step involves gathering and organizing all the data from the first participant and viewing it individually. Moustakas states that in this step the researcher immerses herself in the data until she gains a comprehensive grasp on the individual's experience. Secondly, the researcher begins to identify qualities and themes from this participant. The goal in this step is to begin to develop the participant's experience into a story that clearly depicts the main themes that make up her journey. Once this has been accomplished, the researcher can check with the participant to validate the findings and ensure that her depiction is accurate. Having done this, the researcher repeats the process for each subsequent participant, including comparisons with her own experiences of the phenomenon. The ongoing analysis then requires the researcher to put together the data into a composite presentation of the experience that includes narratives, descriptions, illustrations, and reflections that encompasses the essence of the experience. Moustakas states that, "the composite depiction includes all of the core meanings of the phenomenon

as experienced by the individual participants and by the group as a whole” (p. 52). The final step in this process involves the development of what Moustakas calls a “creative synthesis of the experience” (p. 52). In this step the researcher is encouraged to write a poem, story, or analogy that encompasses the essence and core of the experience.

My approach to data analysis followed these steps closely. Initially, my thesis supervisor and I read the participant transcripts separately. We independently sorted and grouped the findings. I then clustered my findings in each person’s story and began to search for commonalities. Following this process, I compared our individual findings and combined ideas and results into common themes. These were then confirmed in further discussions with my supervisor and with one of my participants. My creative synthesis is presented as a poem at the end of chapter five.

This research produced five themes that have been used to advance my understanding of the phenomenon of young widowhood. As stated by Jasper (1994), “phenomenology will provide descriptive data of the phenomenon which can be used to guide wider and larger-scale studies from an informed starting point” (p. 313). The themes identified in the current study, along with the findings from the data analysis, are the beginning of understanding the lived experience of untimely spousal bereavement.

Qualitative research methodology requires the researcher to demonstrate how the study meets the criteria of trustworthiness so as to show the study is sound. Trustworthiness is demonstrated by addressing the criteria of credibility, transferability, dependability, and confirmability.

3.7 Trustworthiness

According to Guba (1981), the naturalistic method of inquiry follows four criteria to establish and demonstrate the data are trustworthy.

3.7.1 Credibility

Credibility addresses the need to ensure that the data are interpreted appropriately and to “deal with the patterns in their entirety but to take certain actions that take account of the complexities” (Guba, 1981, p. 84). Several actions were used to enhance the credibility of my study. These included debriefing with my thesis supervisor, prolonged engagement with my participants over a six-month period, using more than one interview to clarify or expand on findings, and keeping notes to track decisions and rationale (Lincoln & Guba, 1985). The technique of triangulation also addresses credibility. Lincoln and Guba describe triangulation as the use of multiple methods to provide increased depth and rigor to the study. This study employed data source triangulation by using multiple informants, and theory triangulation by the use of more than one individual’s perspective when interpreting the data set. Study participants were offered an opportunity to debrief with the researcher following the completion of the interview. Since interviews of this nature have the potential to affect the researcher as well, I met regularly with my thesis supervisor for the purposes of debriefing the experience of the interview and feelings that were unearthed for me during the research process.

3.7.2 Transferability

Transferability speaks to the ability to transfer findings from data to other settings (Polit & Hungler, 1997). Additionally, it addresses the qualitative researcher’s belief that “all social/behavioral phenomena are context bound or context relevant” (Guba, 1981, p.

86). This study demonstrates transferability by purposive sampling to “maximize the range of information uncovered” (Guba, p. 86), collection of “thick”, rich, descriptive data, including the use of field notes on processes observed during the conversation (Polit & Hungler, 1997), and clear descriptions of the selection of the participant group used in the study. Ultimately, the purpose was not to transfer my findings to other studies, but rather to clarify understanding of the phenomena from the perspective of participants.

3.7.3 Dependability

Dependability of qualitative studies addresses the concern for the data to remain stable over time and in various conditions (Guba, 1981). This study demonstrated dependability by providing descriptive details of methods used to gather, analyze, and interpret data (Lincoln & Guba, 1985). The authenticity of the data was clarified with participants and interpreted, examined, and discussed with the study supervisor.

3.7.4 Confirmability

Confirmability is the final step in demonstrating trustworthiness, and refers to the “objectivity or neutrality of the data” (Polit & Hungler, 1997, p. 307). The current study addressed confirmability by establishing an audit trail consisting of such records as interview transcripts, reflective journaling following interviews, notes on planned activities related to data analysis, and all drafts of reports (Polit & Hungler).

CHAPTER FOUR - THE THEMES OF YOUNG WIDOWHOOD

Analysis of the data resulted in the identification of five themes: “Losses”; “Who Am I?”; “Staying Connected through Memories”; “Living through the Firsts”; and “Support Systems”. This chapter presents narratives from participants integrated with reflections of the researcher on their experience, and followed by discussion from the literature.

4.1 Introduction to Study Participants

The participants have been given pseudonyms for this study, and small details have been changed to provide confidentiality. Participants were eager to share their stories and responded with honesty and candor when asked to talk about their experiences. Several participants commented on the value of the phenomenological experience, the telling of their story as it was lived, and the contribution of study participation to their personal adaptation and adjustment in their new lives.

4.1.1 Laura

Laura is the mother of four children, currently between the ages of nine and nineteen. Laura and her husband were married for 19 years and lived together for two years prior to their marriage. The couple shared a home in a small town just outside the city. Laura was a full-time mother and employed part-time with the justice system. Laura and her husband separated for a short period during their marriage because of issues related to her husband’s alcoholism. They were reunited a few months prior to his death from lung cancer. After her husband’s death, Laura continued to work in the justice system and raise her children. At the time of the study, Laura had been widowed for seven years.

4.1.2 Catherine

Catherine was 29 years old when her husband contracted a respiratory infection and died within a period of 24 hours. At this time, Catherine was employed on a full-time basis in event planning for a local agency; her husband was the primary caregiver for their sons, aged two and five. Catherine and her husband had been married for six years and lived in a home in the city. Catherine has continued to work at the same position following her husband's death. At the time of the study, Catherine had been widowed for two years.

4.1.3 Jessica

Jessica and her husband lived and farmed together in a community about one-half hour outside of the city. Jessica was 37 years old and had been married for 13 years when her husband had a heart attack and died. Jessica had been a full-time mother and business partner with her husband on the farm, and was now required to seek employment outside the home. Jessica was fortunate to be able to secure a position in the nearby elementary school, thus making it possible to spend more time with her two sons. At the time of the study, Jessica had been a widow for 15 months.

4.1.4 Wendy

Wendy is a health care worker with two adult stepsons, and a 17-year-old daughter. Wendy and her husband had a home in the city and both were employed. Wendy had been working in a part-time capacity prior to her husband's death, and is now employed full time. Wendy's husband developed cancer, and in spite of surgery and chemotherapy treatments, died after a one year illness. Wendy and her husband had been

married for nine years at the time of his death. At the time of the study, Wendy had been widowed for eight years.

4.1.5 Patti

Patti is a health care worker and is employed on a regular part-time basis in a large hospital. Patti was married to a teacher and together they have three sons, currently between the ages of 10 and 16. Patti's husband was ill with cancer for two years prior to his death. Patti continues to live in the family home and work in the health care system. At the time of the study, Patti had been widowed for two years.

4.2 Presentation of the themes

4.2.1 Losses

All participants in this study addressed the issue of losses experienced with the death of their spouse. The sub themes, which present an understanding of the losses, include "loss of companionship", "loss of hopes and dreams", and "loss of family relationships and activities".

4.2.1.1 Loss of companionship

Loss of companionship and physical presence was described in these ways. "He was my soul mate. It was a beautiful relationship we had. It was so neat because we'd write love letters to each other, and we knew what each other was thinking" (Jessica). Catherine spoke of the loss of her best friend when she said, "I think that I feel more like it's my best friend that's gone. I want my own exclusive best friend that I can just share all the little things that I want to share with just that person". Patti described her perception of her life without her husband as "an emptiness that can't be filled. There's a part of you that feels it's gone forever. You can never fully enjoy anything again because

half of you can't". She went on to say, "I'm still in love with him. He's still part of me. He's still with me spiritually, even though he's not with me physically." The loss of a spouse can leave one feeling bewildered and without an anchor. Patti spoke to this in her comment:

I just did not know what to do, and that was probably the first time in my entire life that I felt so hopeless and helpless. You almost think, "Mommy I want my mommy"... You just feel like you're so lost ... Or you're in a hole and you can't get out.

As seen by these narratives, the loss of their husband's presence has left the participants feeling alone, helpless, and vulnerable.

4.2.1.2 Loss of hopes and dreams

Loss of hopes and dreams for the future was another way participants articulated their experience. Jessica's lost dreams related to issues such as growing old together. "To be together and to grow old and have grandchildren, that's beautiful. That would have been nice to have." Catherine demonstrated a similar experience when she said, "you still have a piece of him with your kids, and so if you didn't have that, and all the hopes and dreams that you have when you get married... I think that would be harder".

4.2.1.3 Losses in family relationships and activities

Losses in family relationships and activities were also identified by my participants. Wendy addressed it this way: "My sadness was more with the kids. I can always find another partner, but the kids cannot find another dad". Wendy also spoke of the loss of her dream that her stepsons would be able to build a new relationship with their father as adults. She commented, "I felt really bad for that, probably worse for the

boys because they had a separated childhood from their father, and as they get older, one would think that perhaps they would have a father-son relationship that's more normal."

Patti also spoke of losses in relation to family with her comment,

there'll be grandchildren, and there are lots of things in my life that will be happy, but at the same time sad because he really wanted to see his grandchildren. He never thought he wouldn't see his kids grow up, but he wanted to see his grandchildren, too.

Laura described an experience in family losses when she stated:

For me growing up I came from a relatively happy home. Two kids, cat, Mom and Dad, they are still together, and that was my hope for my life... and now it's gone. When he died, I had to let that dream go forever ... and that was not at all what I had planned for life.

These comments show that the loss of traditional family relationships, as well as the loss of expectations for future as a family has been a part of the lived experience of these young widows.

The only sub theme addressed in the literature is the loss of hopes and dreams. Bowman (1997) writes about this manifestation of grief in a discussion paper. "Loss of dreams is more than change or even disappointment: it describes the loss of something for which there has been, and is, a significant amount of emotional investment – losses we did not anticipate" (p. 76). Rando (1993) believes that recovery from bereavement is hindered if the loss of dreams and other psychosocial losses are not grieved effectively. Young widows need to give themselves permission to grieve their hopes and dreams if they desire to move on in their new lives.

As I look at these expressed experiences I ask myself... what is this thing we call loss? The *Random House Dictionary* provides the following definition of loss: “the state of being deprived of, or being without something that one has had” (Stein, 1988, p. 792). Robinson and McKenna (1998) present a concept analysis of loss. The three critical attributes of loss according to these authors are:

1. Loss signifies that someone or something one has had, or ought to have in the future, has been taken away.
2. That which is taken away must have been valued by the person experiencing the loss.
3. The meaning of loss is determined individually, subjectively and contextually by the person experiencing it (p. 782).

These criteria attempt to provide a framework to assess loss and perhaps gain a better understanding of its place in the phenomenon of young widowhood. All of the participants agree that they have lost someone significant to them. While each of them shared a story of loss, the perspectives were unique to the individual. Each of these women experienced the identical loss, yet the value of what was taken from them, and the individual meaning of the loss, has resulted in something different for each one. It would seem that no matter how hard one tries, it is impossible to make sense of what has taken place in their life. The overwhelming nature of the loss causes these individuals to feel as if they have lost their purpose and meaning for being alive.

The young widow has experienced multiple losses. The loss of a companion and best friend, the loss of hopes and dreams, and the loss of family relationships and expectations for family activities and opportunities are all part of the lived experience of

these young widows, and contribute to the challenges they are facing as they establish their new lives.

4.2.2 Who am I?

This theme reflects the struggle of each woman to redefine herself following the death of her husband. Participants shared insights into their experiences of being single women in our society after having been married for a number of years. The sub themes that emerged from this theme included identity as a woman who suddenly finds herself single again, reflections on new and changed relationships, and the role of a single parent.

4.2.2.1 Single again

I don't want them to treat me different than any normal person, but I feel like when you say that "I am a widow", all of a sudden people are treating you a little bit differently than they would other people. I've had an experience now that has changed some things about me, but I'm still the same person. Generally in our society, people aren't thinking about death until they actually have to face it. So, when you become a widow, in some ways it's almost like you're a leper because nobody really knows how to respond to you. When I tell people that I'm a widow, there's the reaction of surprise, shock, then there's ... sympathy because this has happened. But I think people look at you differently when they know you're a widow. (Catherine)

The idea that was common to all participants was their desire to be seen as an individual and not as a widow. Participants made it clear they had a personal identity, separate from their role as a wife and mother. They wanted others to see them for who they were, rather

than as bereaved women to feel sorry for or approach differently because of this life experience.

Participants expressed various ideas about being the same person they were before the death of their husbands. Laura's comment was, "You don't know what its like to be on my side. I'm still me... I haven't changed." Wendy addressed the issue of "Who am I" by saying:

I never say I'm a widow. People may call me a widow, but I don't like being called a widow. A widow is attributed to an older female. I didn't think I was old. And the other part is, widow for me, indicates a sense of helplessness. "Oh, you poor thing." I don't want people to look at me and think I'm incapable because of my status when I'm not.

In these comments the participants present one aspect of how they view themselves when they think of being identified as a widow.

In contrast to the other participants, Jessica expressed herself differently after her husband's death, as evidenced by this comment; "I feel like I'm only half there. Only half a person sort of...the husband completes you. With marriage two become one." Jessica explained her struggle with feeling as though she will not be herself again unless she is part of another marriage relationship.

Participants discussed how they view themselves since experiencing the death of their husband. Laura, Catherine, and Jessica indicated they are more self confident and stronger. Wendy described herself as "fiercely independent" both prior to and following her husband's death, and Patti explained that she is still trying to find out how becoming single again has affected her identity. These findings are similar to those from three

doctoral studies available on the experience of young widows. In each of these studies the women recounted an increase in self-esteem and confidence. Derman (1999) studied a population of 38 women, who had been widowed between the ages of 23 and 50. The study used a combination of qualitative and quantitative methods and focused on grief and attachment. Shaffer (1993) completed a qualitative study using structured interviews with 12 women, who were widowed prior to the age of 45. Shaffer's study investigated how these women rebuilt their identity after being widowed. The perspective of widows rearing children is found in a qualitative study that Guckin (2002) conducted with a sample of 20 women ranging in age from 25 to 44. Shaffer states, "The self- perceived change among the young widows was away from naiveté, dependency, and lack of autonomy" (p. 114). Sittser (1995), who writes on his personal experience of the death of his wife, speaks to this when he states, "The experience of loss itself does not have to be the defining moment of our lives. Instead, the defining moment can be our response to the loss. It is not what happens *to* us that matters as much as what happens *in* us" (p. 36). Kaimann (2002) investigated the experience of spousal loss with nine widows of varying ages and presents similar findings from her research. Sue, a participant in Kaimann's study stated: "The girl I was before is lost. She's gone....A new girl is coming out, a mature woman. This will be a different maturity because I have weathered a different kind of storm. If I had never experienced losing Jake, this new me would never have come into being" (p. 136). These findings are reflective of both the personal growth of these women and the inner strength they demonstrate as they are rediscovering themselves as single women.

4.2.2.2 New relationships with men

The discussion of being a single woman in society would not be complete without addressing potential new relationships with men. Catherine most candidly presented the issue of exploring these new relationships:

When you're married to someone, you know where all the boundaries are in terms of relationships with other people. So when my husband died, I didn't know where the boundaries were. I described it like . . . I'm in a room and the lights are on and I know where all the furniture is. And all of a sudden I'm transported to a different room and the lights are out and I have no idea where the furniture is and I'm bumping around, trying to feel my way, . . . because I really just don't know where the boundaries are. And I'm still trying to learn... what's appropriate, what's not appropriate. When you're married to someone, it's okay to give the guy next door a hug because they know that you're married, so everybody knows where the boundaries are. So when you're now eligible, is it appropriate to give a guy who's single, that's your age, a hug?

While Catherine was quick to articulate her thoughts on this issue, Wendy is the only participant in the study who is currently in a new relationship. Wendy explained that she had “a couple of relationships that were a disaster” and in spite of being “very happy” in her current relationship, she is not at all sure that she is ready to enter another marriage.

Catherine identified in this comment how her thoughts and feelings have changed since the death of her husband:

The funny thing is, when I was married I would say to my husband, I don't know how people can get remarried after their spouse dies. I would never do that. I

would be faithful to you. I don't know how they could just betray their spouse like that and marry someone else. And just about the day after my husband died, that whole idea went out the window. I definitely was very open to the idea of getting married again, and it didn't matter to me whether that was very soon after my husband died or not.

This comment demonstrates some of the challenges faced by young widows as they compare the desire to be faithful to their husband's memory with the need and desire for a current marriage partner. Other participants in the study presented differing views on this subject.

Patti's thoughts on new relationships were mixed. Patti expressed a desire for male friendship, but at the same time she commented, "down the road maybe I will meet someone that will be a comfort to me, but I don't think I'll ever marry again or any of that kind of thing." Patti expressed her ambiguity about another relationship as being because "when your best thing passes away, and everything that meant everything to you, there'll never be anybody that can take that person's place." In many instances, the thought of entering a new relationship comes with more questions than answers.

Laura has been a widow for seven years and has not yet been in another relationship. Laura has dealt with loneliness and faced the question of another relationship in her own mind. Some of her thoughts are expressed in this statement:

It has kind of made me take a look at myself and how I see myself. Do I have to rethink the whole dating thing? Do I want to do that at this point in my life? Do I still have it? That's probably the biggest thing that's come forward to me...could I even attract somebody? Would somebody be interested in me? Those things are

all scary. I've gained a lot of weight since my husband passed away and it seems like every time I start to diet, the first thing that I sabotage is what if I lose weight and somebody is attracted to me? That kind of scares me. It was after several diet failures that I started thinking, what is it that's bugging me? What am I so afraid of...?

Laura was unable to find an answer to these questions in the course of our dialogue.

Another key point in this discussion that Laura brought out was her feelings about the possibility of remarriage and then being widowed again. She commented, "Another one that has scared me about getting married is losing him again. Losing another husband has crossed my mind several times. Do I want to get married? What if I got married and he died again? That would just slice me to bits." Obviously, the new relationship debate continues to be a challenge for young widows.

Jessica was the participant in this study who most clearly identified her desire and need to be in another relationship. She stated:

This is not what I want my life to be. I want to be connected; I want to be in love again ... in the future. I don't want to be alone... I need to have somebody to hold me, to say everything's going to be all right. I like a male in my life. We belong together. I'm finding it gets quite lonely, I enjoy male company.

Jessica explained that to her being single is not "normal" and that she does not feel "normal" at this stage in her life because she is single again. "To me, I'm single; it's just not what I want." Jessica is struggling to accept the reality of her status as a single adult as this does not fit with her desires and needs.

Both ambiguity and desire are evident in these discussions of new relationships. Having previously experienced a marital relationship, the study participants seemed to desire the companionship and intimacy that exist in a marriage. In addition to these expressed desires, however, were anxieties and fears. The idea of commitment to another man brought with it both excitement and questions about how they would fit into marriage with someone new.

Nothing was found in the literature search for this study that reflected the re-entering of marriages or conjugal relationships or the topic of sexual relationships. The data for this study would seem to indicate that young widows have two issues that interfere with forming new relationships. The first of these would be the increased responsibilities of single parenting, working and taking care of the household. Participants indicated their caregiving role was the predominant one and my sense is that perhaps they are too busy or overwhelmed to pursue new partner relationships. The second issue that may be a contributor to this dilemma is the way that these young women see themselves in the context of their previous marriages. All the participants expressed ongoing ties with their deceased spouse and indicated that until these feelings have been adequately addressed they would not be able to move into new relationships.

4.2.2.3 Changed relationships with friends

Participants expressed varying perspectives on changes in relationships that occurred as a result of their newly single status. Some of these related to the loss of couple friendships as described in Laura's comments:

I had a lot of couple friends who don't bother phoning anymore. They don't want to go out ... it makes me wonder, why did you phone us before then? I've had a

few of them say, 'we'd have you over for dinner more, but then there's nobody for my husband' ... I get angry when I hear that kind of thing.

Laura also dealt with an incident where a friend of hers did not want Laura to be around her husband now that she was single. Laura commented, "I had a couple of good friends, one in particular, who all of a sudden when I was single made comments about me being around her husband. This kind of surprised me, kind of hurt." Laura was obviously surprised by the unexpected reaction of this friend and was required to identify and deal with her own feelings of being mistrusted in this manner.

Catherine discussed the fact that her friends could not completely understand and relate to her in her new situation as a widow and single parent. Catherine described this incident:

They called together some families in our church; there were six families represented, and every single one of them had a husband and wife, except for me. And I was feeling very alone...and after the meeting was done I was talking with friends and saying how much I miss not having my husband with me at that meeting and just feeling alone. And even though they're very supportive, they don't know what it feels like. And so, there are things you have to face by yourself because ... they just don't understand what its like.

Catherine made another point in regards to friendships:

I think, as well, death will kind of weed out your friends. You learn who the friends are that will actually stick with you, no matter what. And so, when you go through something this hard, this traumatic, the friendships that you have, the

ones that stay, go to a much deeper level than they were before. And you learn more about people having to go through something like that.

Catherine's perspective on friendships was reflected in several conversations with other participants.

Wendy presented a perspective on friendships in relation to her daughter's struggles with mental illness. She discussed how she has lost touch with some of her friends because of changes in her circumstances.

I was feeling judged by my friends. The part that put the most tension on the relationship was when I was trying to work through with S. and the mental illness thing and feeling judged by people who are supposed to love me. I need my friends to accept me for who I am, what I do.

Wendy felt that her friends judged her for "my mothering ability, my choice of men, those would be the big ones. We coped with the man thing, but when it came to my daughter...I felt they were unfair. I still resent that...I haven't quite forgiven...it's that people just don't understand." This study showed that friends are, at times, unable or unwilling to provide the support that may be expected of them by their widowed friend. The literature did not address the topic of changes in relationships with friends that occur as a result of the death of a spouse.

The theme of "Who am I" seems to be filled with challenges as these young widows have demonstrated in their attempts to articulate their new roles. These young women find themselves unsure of who they are and where they fit in life, which in turn contributes to the confusion of family and friends in knowing how to relate to them. Single parenting is a huge challenge experienced with the death of a spouse and

participants were able to identify and describe struggles associated with this area of finding out who they are in their new lives.

4.2.2.4 Single Parenting

There were varying perspectives presented as the participants reflected on the opportunity to “tell me what it’s like to be a single parent?” One of the first things that was expressed was how alone and often vulnerable widows find themselves when they are thrown into the place of parenting without their partner.

We had some neighbours and he was in the drug business, illicit drug business. And the traffic in the back alley was horrendous. They would smoke a lot of pot out there, which never really bothered me too much, but these guys were bikers, and it just struck me, I’ve got Hell’s Angels bikers in my back alley. They were always very polite and never any trouble. It just struck me, I am all alone here with a little girl, and it really is free game for them. That was a time when I felt somewhat alone and just vulnerable. (Wendy)

Wendy described single parenting as the biggest and most difficult adjustment in her experience as a widow. One of the comments she made expresses it very succinctly: “You’re it. And there’s nobody else to turn to. My family is down in the States, so it’s that sense of 24-hour responsibility, no adult person to talk to.” Wendy’s daughter has dealt with some mental health issues, which has significantly affected Wendy’s experience as a single parent. The following comment addresses Wendy’s feelings on parenting a child with health issues:

We went to doctors, and they tossed out all sorts of diagnoses. One guy told me I should join a support group for bi-polar, and I broke down in tears. I could see

him writing ... 'mother not coping well'. I'm just supposed to accept this gracefully? I mean, if you don't react, you're a stonehearted bitch, but when you react with your heart, you're not coping well. Well, how do you expect me to cope? I found that period far worse than D's dying because it was too scary for me not knowing what was going on and what her future was.

Wendy's desire to meet the needs of her daughter was demonstrated in this statement as she struggled to know what to expect for her daughter. Single parents often have more questions than answers, and they frequently do not know where to turn for help. Another area of single parenting addressed by the participants was the need to change their parenting style once they were parenting alone.

Laura found parenting alone difficult because of the need to evaluate and adjust her discipline style. She stated:

It was tough in the beginning because of the relationship my husband and I had. He was the disciplinarian and I was not, and then with him being out of the picture, I kind of had to move into the middle and find the balance. Dealing with all the things I was dealing with, finding the balance didn't come quick. It's just coming.

The complexity of children's needs becomes clearer when one is forced to be responsible for everything alone. It is obvious from the study participants that this area presented significant challenges.

Catherine had a similar experience in the area of disciplining. She expressed it this way:

Well, it's definitely harder doing it with one parent. I knew there were areas in my parenting that were weak. I always want to give second chances and second chances, and my husband would get on my case. "If you say you're going to do this, you follow through. Stop giving them more chances." So I knew, when my husband died ... I was going to have to be very conscious about being consistent. I couldn't be the nice, gracious, mom, and dad will be the bad guy. So that's definitely been an adjustment.

Catherine was forced to review her approaches to discipline and parenting style and adopt new ways of meeting her children's needs in this area. This challenge also required Catherine to become more familiar with the personality of both her sons in order to identify effective ways of teaching and disciplining them.

Similar to Catherine and Laura, Patti expressed her need to change her parenting style since her husband had also been the family disciplinarian. Patti described the adjustment she is going through:

That's a big adjustment, trying to find balance between being a good parent and providing for my kids and not spoiling them because I have no discipline. And I find that I yell a lot now, and I didn't do that before because F. was the real leader. If dad says something he means it. You can ask mom, but dad's probably going to kibosh that. Now they can just walk all over me.

Patti's biggest struggle seemed to be in finding balance, especially since she had not previously been required to provide much discipline for her sons.

Catherine discussed her perspective on disciplining styles between men and women. This is an example of her thoughts on this subject:

There is something about a guy disciplining a child that women don't have. I really miss that. I miss having a husband to defend me because M. was very big on our children treating his wife with respect. And if D. ever talked back to me, my husband was instantly dealing with him, and I really miss that. That feels like an empty hole, and I'm really struggling to know how to address the respect thing because I don't have someone saying, "You can't talk to your mom that way."

Catherine identified the need to ensure that her sons respect her as their parent as this was something that her husband had previously ensured. Making decisions was another area addressed by the participants.

Laura commented on how alone she feels as a single parent when making decisions:

It's been tough as a single parent not having anybody there to back my decisions. Even when you're divorced, you can say, "Let's talk to your father about this". In my case there's nobody. You are the decision maker, and there's nobody to stand behind you and say she's right...

Patti also found decision making difficult as expressed in this comment "just having to make all the decisions on your own. Not being able to discuss anything with anybody."

The area of decision making as a single parent becomes even more complicated when mothers are raising sons, as they often are at a loss in knowing how to approach sensitive issues.

Laura has two sons and two daughters and one thing she found difficult was teaching her sons things that would have fallen to her husband to take care of. She stated, "I started thinking ...how are my boys ever going to be men? So now, I'm teaching them

how to use a hammer.” Laura also asked her older son to assist with his younger brother in some things as indicated by this comment:

Now he’s going through this puberty thing, so I don’t know how I handled it with C. other than just kind of let him go through it. But now with S., he’s asking all these questions, and so for some reason I’m thinking more about it. I’ve had a few talks with him about things I know, but he had pointed out some part of his anatomy that I didn’t know. It was a guy thing, so I phoned C. and asked him if he would talk with him.

Patti has three sons and recounted a similar experience to Laura’s related to how to raise boys:

Boys were a new commodity to me. He knew how boys think, and the emotions and the hormones, other things that are going on. What’s normal and what I would say is not normal. Even sex and stuff. That’s what he taught in school and he felt very comfortable about it. ...and I should be able to talk about things, but I think he was just much better at looking at it from a guy’s perspective.

Catherine and Jessica found that the adjustment to parenting has included the need to learn how to help their children. Catherine expressed not knowing how to help her children:

I want to give them all the tools they need for life, and this seems like a huge kind of stone around their necks hindering them, and I don’t want it to be that. I don’t know if I can help them through it, and I can be a very impatient person and just want to deal with things and be done with it. I know with my kids it’s going to take a long time to work through all this stuff, and ...I wish I could just fix it for

them, but I know it won't work that way, so that's a hard thing. I think the moments that are hardest, dealing with the loss, are the moments that affect my kids.

Jessica's comments were similar when she stated:

It's hard, very hard. You're just taking that breath and thinking... okay, now what? What do I do, what do I say? What do I say to the children? Everything is hard and it hurts for them too. It's very big adjustments.

Jessica's experience as a widow, and thus as a single parent, has been the shortest of all of the participants and her comments express ambiguity about both her role and what she expects of herself as she parents alone. She stated, "I think taking care of the kids has been ...easy, but I don't know. Their state of mind, they've been coping pretty well. I mean, kids bounce back fairly well, but I don't know." As seen by this comment, it is not easy to identify how she feels about this area of her life.

The literature was very silent on the issue of widows who were raising young children, thus the discussion is limited. Wendy's comment about vulnerability and being alone is confirmed by findings of Shaffer's (1993) study when participants expressed inability to fully protect their children, and a sense of being overwhelmed by the responsibility of parenting alone. Guckin's (2002) study of widows rearing children identified the struggles of the children, but little information on the effect of spousal death on the widow's parenting.

Lopata (1996) found, in studies with widows of all ages, that women missed their husband's involvement in discipline and decision-making and struggled with taking on the roles of both mother and father. This concurs with the findings of the current study.

Two of the participants in the current study discussed the issue of raising boys, and Lopata (1996) addressed this as well when she referred to widows asking other male family members for assistance with what she terms “gender specific” parenting needs.

This theme expressed participant’s thoughts as they began to identify themselves in the new reality of their lives. Redefining a personal identity as a newly single woman, thoughts about new and changed relationships, and learning to parent alone have all been challenges identified as these women expressed who they are in this new experience of widowhood.

4.2.3 Making connections through memories

All participants in the current study demonstrated the desire to stay connected with their spouse even though he was no longer with them physically. Staying connected refers to the desire to maintain a bond with the individual who has died and describes ways this is done. The sub themes presented here include strategies for making connections through memories and reflections on caregiving.

4.2.3.1 Strategies for memory making

Laura’s main strategies revolved around ensuring that her children are able to remember their father. She stated:

We have a “Daddy Box” that we set up after he died, that has some of his memorabilia, things that were him...a pair of his pants, a shirt, and we keep one of his coats, that he wore all the time, in the closet. And if anybody needs to be close to him in whatever way, the kids are free to go get the coat... they’ll take the coat and just go off and cry with it. We also set up a photo album. Took all his

pictures and put them into a photo album and they'll get that out often and look at it.

Laura recounted how her children continue to use this "Daddy Box", although less frequently, even though their father has now been deceased for seven years.

Catherine planned opportunities for her and her children to maintain their memories with their father after his death.

For Christmas I put together photo albums for each of the kids with pictures of their Dad, pictures of them with Dad together, so they each have their own photo album in their room, and when they want to they can look at it.

Some other approaches that Catherine and her sons have used include making cards and launching them with helium balloons on Father's Day, and attending events that were a family tradition with their father such as the Children's Festival.

Jessica also used photos as memories. She keeps the photos out throughout house so the entire family enjoys them. Jessica also stated,

I have never gotten rid of his clothes. I don't think I will ever get rid of anything, even clothing, until somebody else moves into my life...they keep him here for me. Oh, I know it's not flesh, but a memory of him wearing those clothes ... I have to hang on to that. I can't let go of that.

Another strategy that works to assist Jessica to keep her husband's memory alive is acknowledging their wedding anniversary and writing love letters to her husband.

At the beginning ...I was writing to my husband. It was getting to the point where you always are saying the same thing...I miss you, I miss you. And there's nothing wrong with that, but I just tried to think of something different to say. I'd

really like to get back into that again, writing to him, as if he's still here. It was great communication.

While Jessica found it helpful to think about writing to her husband it has also been a point of distress for her because she is unable to find new things to say. Jessica uses writing as a way to stay connected with her husband and also to build memories of him. Memory building was also addressed by other participants in the study.

Patti shared some thoughts on building memories immediately following her husband's death. She commented, "I was really fearful that nobody was going to tell all those stories, so I told it. I got up [at the funeral] and spoke. It's the hardest thing I've ever had to do, yet at the same time, I felt him near me." Patti feels that this experience helped her to maintain bonds with her husband in his death. Patti also finds certain places and activities helpful in staying connected with her husband.

When I go to the gym I talk to him ...not out loud, but inside. And I'll look up, because we did a lot of weight training together and I feel so close to him there. And so when I'm lifting weights, I can hear him saying, just one more, you can do one more.

This activity, and the memories it promotes, helps Patti to sense the presence of her husband and continue to feel connected to him.

Three of the participants, Wendy, Patti, and Laura, lived with their husbands through a terminal illness of one to two years prior to death. Patti and Laura each addressed the reality of creating memories while her husband was still alive. Laura indicated that the family had spent the last Christmas together even though her husband was actually living with his parents at the time. She stated, "We made a point of spending

the last Christmas together, just in case. We didn't know for sure at that point, but..."

They also videotaped their Christmas celebration that year and while Laura finds it very difficult to watch, she explains that her children find it a comfort and a connection with their Dad. Laura's comment was, "There are things that reduce me to instant terrible, tearful sorrow and that's ... watching that video. It's him there talking and holding the kids and having Christmas. And then it really rams home that he's not here." The memory is obviously a painful one for Laura, but she identified that she thinks it is helpful for her children to have this very tangible memory of time spent with their father.

Patti and her husband also worked to build memories with their sons prior to his death. Patti described Christmas activities in this statement:

The last two Christmases before he passed away, he tried to do it up big. He wasn't sure whether he'd see the next Christmas so he wanted to make sure the kids remembered him because Christmas was so important to him. He made Christmas so much fun. He was just like a kid at Christmastime...we did have fun going out and doing the Christmas stuff.

In an attempt to maintain the memories and tradition Patti stated, "Last Christmas I tried to do the same, because I thought ...they have lost everything, and then Christmas is going to be a big bust, too. I really tried to give them everything they wanted. I went way overboard and I'm still paying for it." Patti's comments demonstrate the struggle of trying to compensate for the loss of a parent with material possessions and activities, and of knowing how to effectively balance the needs of the children with financial resources available to the family.

Another way of staying connected for some of the participants was to reflect on their feelings for their husband during their marriage relationship and since his death. Laura finds it helpful to reflect on her feelings for her husband as a way of remembering him:

My feelings have definitely changed since he's died. They're a lot less harsh... because he was an alcoholic, life wasn't always real great for him, but I also knew a very sensitive, caring person. Now that I have been removed from him, I've been able to kind of step back and see a really hurting man, and I feel even more love for him now.

Wendy made a similar comment when discussing how her anger toward her husband has been replaced with the ability to remember the good things about their relationship, and she finds this reflection helpful in her adaptation to the loss of her husband. While all the participants were given an opportunity to talk about the experience of making connections through memories, Wendy's story of building memories provided a contrasting point of view to the others.

Wendy initially responded by saying, "we don't reminisce too often. We tried some things, but we don't have many rituals." Wendy posed the counter question, "is that an expectation? Is that what people do?" She further explained her point by saying, "when I attempted to do things in celebration for Father's Day and his birthday, it just didn't often go well, and it could have been two-fold. It could have been that it was too painful for both of us or we were both edgy, or maybe it was just me that was edgy." Wendy went on to describe some ways she and her daughter remember her husband.

Wendy's husband was a musician and one of their ongoing connections is the music he wrote. Wendy stated, "He wrote some songs, so I have those on tape, and we'll play them every now and then." Wendy's daughter owns and plays her father's guitar and Wendy is encouraging her daughter to have her father's songs copyrighted. Wendy's daughter made her an ornament that was cut from a birch tree given to Wendy by her husband for Mother's day several years ago. Interestingly, although Wendy initially appeared not to have a desire to reminisce or stay connected, she made the following comment when asked about how she thinks of her late husband:

I don't think of him as my husband, but if people were to say, "are you married" I might say, well, "I'm single" but it wouldn't be an automatic, totally free flowing "I'm single". There would be a bit of a hesitation, like I have to process this or something.

Clearly, Wendy continues to feel connected to her spouse, although she struggles to define the ongoing relationship.

The women in this study have found building memories and reflecting on feelings is part of the lived experience of staying connected. While Wendy's point of view is in contrast to the others in some ways, it clearly presents her desire to maintain memories of her husband.

4.2.3.2 Reflections on caregiving

Laura, Patti, and Wendy were all caregivers for their husbands prior to death. Their reflections provide a perspective of how caregiving contributed to making connections through memories.

Patti found being able to spend time with her husband during his illness and take care of him has helped her to build memories for after his death. Patti remained off work for several months to care for her husband and she commented, “Home Care came in once a week, but basically I was doing everything, and I wanted to continue this care. He’s a very private person and it was very hard for him.” Patti found the physical act of caregiving to be an opportunity to develop connections with her husband that helped her with memory making. Another experience that contributed to making memories through caregiving occurred when the couples were able to talk about the husband’s upcoming death.

Talking with her husband about his death and how things would be after he was gone was an approach Laura used to build memories. One comment she made was, “I had to assure him that I would keep him alive to the kids.” Laura reported that her efforts to ensure her husband he would have an ongoing place in the lives of their children helped her to adapt to the loss of his physical presence in their relationship.

Patti expressed a desire to have been able to discuss her husband’s upcoming death with him. She felt unable to do this because of his strong will to fight and live, as evidenced by this comment:

I could not show any kind of despair that he was going to die. That was hard, to have those feelings, but not be able to share them... Because if I had talked about death, that would have crumbled him. I would have liked to discuss the future, the kids’ futures. I would have liked the kids to be able to talk to him about things in the future. We should have talked about those things earlier on, but then that

would have been a hindrance to recovery. If it were me, I would have talked about all those things.

Patti was very candid about her needs, but also demonstrated compassion and caring for her husband by putting his needs above her own.

Wendy, who was also her husband's caregiver, expressed similar desires to Patti's. When asked if she had discussed her husband's upcoming death with him, Wendy commented:

No, he wouldn't go there. When we would talk, it was more about how angry he was. He was so angry ... and I was angry because he was angry and he was dying. I was mad that he was depressed, I was mad that he wasn't dealing well with that ... I was mad that we didn't go through the steps with Kubler Ross. I was furious at those things.

This anger interfered with Wendy's ability to build relationship and memories with her husband during his year of illness, which she felt would have helped her in her grieving and adaptation.

All three women who had the opportunity to live through the end of life with their husbands took advantage of being able to say goodbye, and now find this a comforting memory. Laura's comment was, "being able to tell him that I love him, and I'll see him later, and to be able to hold his hand while he died. That was a big thing for me. That was very healing and very comforting to me that I was able to be there." Patti also found it helpful to be with her husband when he died. She described their final moments together; "I wanted to be with him alone. So I took the bed really close to his bed and I just held his hand all through the night, and about 6:00 o'clock we watched the sun come

up.” The bond that was formed for each of these couples during the final moments before death now contributes to the memories that are such an important part of the lived experience of young widows. These reflections on the caregiving experience demonstrate the contribution that it has had on the lives of these young widows. It would appear that at least in some instances, the opportunity to journey through terminal illness prior to death is a positive contributor to adaptation following the spouse’s death. Saying goodbye is a particularly valuable contributor to moving on following death. Those individuals who did not have this opportunity indicated a feeling of being cheated by not having this chance.

People are designed to be in relationship with one another, and the loss of one of the individuals does not cancel the mental and emotional attachment that is part of the relationship. It is apparent from these findings that the women in the current study feel the need to continue to maintain bonds and memories with their husbands. Each in her own way has communicated that she gains strength from her memories, and that she continues to find part of her identity from the relationship she had with her husband.

Niemeyer (2000) found, from various studies with bereaved individuals, that the use of objects or belongings helps to maintain emotional and symbolic ties with the deceased. All of the participants in the current study found this a beneficial way of building memories and maintaining connections. Moss and Moss (1996) conducted qualitative interviews with four widowed persons who had been remarried for between 3 and 20 years. They reported that belongings and memories can bring comfort and provide an ongoing link between the widow and the deceased spouse. Field, Nichols, Holen, and Horowitz (1999) present an alternative to this idea. They conducted a quantitative study

of conjugal bereavement with 89 participants who had been bereaved in the previous six months. Questionnaires were completed at six, fourteen, and twenty-five months post loss. This study found that continued attachment to the possessions of the deceased can interfere with the ability to adapt to the loss and move on in life.

In Shaffer's (1993) study, several participants expressed feelings of wanting to connect with their spouse, but feeling unable to do so effectively. This was an issue of significant distress for these individuals. Ginsberg (1997), in her reflections of her personal experience with widowhood, explained that she wrote to her deceased husband because "my need to talk to him was overwhelming. There was no one else to whom I could expose that part of myself" (p. 65). These individuals experienced either an ongoing connection with their spouse, or the desire to maintain connection.

Niemeyer (2000) makes the claim that grief and recovery is shaped by our processes of "meaning making" and that "grief can only be fully understood in the context of the everyday process of constructing, maintaining, and changing our most basic sense of self" (p. 89). Niemeyer's position is that it is not possible to recover and move on from a major loss without a deliberate attempt to make some meaning out of what has occurred and to assimilate this into one's new life.

So, I pose the question; why do widows need to stay connected with their husbands? What is it about maintaining connections with the deceased that assists the widow to adapt to her new life and make the adjustments necessary for her to live in the reality of her new life role? The data for this study clearly indicate that meaning making is part of the experience of the study participants. Each of the participants presented examples of ways in which they attempted to make meaning of the loss they have

experienced. The frequency of their comments regarding the desire to maintain ongoing connections through memories suggests that widowed individuals be provided with opportunities to explore this need in their lives.

The *Random House Collegiate Dictionary* (Stein, 1988) provides the following definitions of connection: “to join or unite - to link;” and “to associate mentally or emotionally, to attach, to place in relationship” (p. 285). In the case of widowhood, the loss of the physical presence of her spouse leaves a woman questioning what to do with the continuing attachment she experiences.

Silverman and Klass (1996), who have developed a theory of continuing bonds with the deceased, present the position that, “the resolution of grief involves a continuing bond that the survivor maintains with the deceased” (p.3). These writers propose that the meaning of the loss changes with time and there is constant negotiation of how this loss has affected the individual’s life. They maintain that the continuing bond is vital to the widow’s adaptation and adjustment. These authors have also identified that the relationship with the deceased will not disappear, although the widow’s dependency on it will change (Silverman & Klass).

Worden (1982), who has studied the subject of death and dying extensively, supported this idea in his research that over time the bereaved will often gain their greatest comfort through abstract forms of connection, such as memories. Volkan (1981) prepared a discussion paper in which he stated if the widow allowed herself to invest part of her energy in determining what it is about the relationship she needed to keep, she would remain connected to the essence of the relationship and thus be able to adapt to her loss more effectively. Derman (1999) identified participants in her study who had

attempted to incorporate part of their husband's personality into their own in an attempt to maintain connection. One of Derman's participants indicated that she attempted to emulate her husband's positive attitude, and another stated she was trying to adopt the calm demeanour she had so appreciated in her husband. Shaffer (1993) and Kaimann (2002) found that their study participants were focused more on incorporating their husband's rituals and activities than they were on incorporating personality changes. Neimeyer (2000) contributes to the understanding of memory making with his statement that, "loss requires that one reconstruct a world that once again makes sense, that restores a semblance of meaning, direction and interpretability to a life that is forever transformed" (p. 96). These findings point to the fact that rebuilding one's life after the death of a spouse is complex and challenging, and that memories and maintaining connections plays a significant role in the ability to adapt successfully to a new life. Klass and Walter (2000) have conducted studies on maintaining connections among widowed persons. These authors confirm the value of being able to tell the story of the deceased and to talk about the individual without feeling as though this were something strange or unacceptable.

Staying connected through memories includes remembering with objects, such as photographs and belongings, and specific activities designed to allow the widow and her children to feel connected with her husband. Other connections include reflections on the memories that were built during the time of terminal illness, and the deliberate choice to review these memories through events like watching video tapes and visiting the cemetery.

4.2.4 Living through the firsts

“The first year is the worst,” is a comment frequently heard when in discussion with widowed individuals of any age. This theme encompasses the sub themes of “Initial adjustments” and “New responsibilities” as they relate to the first year of life as a widow for the participants in the current study. Laura articulated one of her “first” experiences:

It was my son C.’s high school graduation and each kid had brought past and present pictures of themselves as they were growing up. They always do baby pictures for each student, and they showed three or four for each one. They came up with pictures of C. with his dad when he was little. It was very hard for two reasons. I don’t like being the focus of stuff, but mostly it was when I saw my husband’s picture up there with C., and it was one of those, “here’s my boy”, big smile on his face, hugging his little baby boy ... I just kind of sat there biting my cheek and willing myself not to cry. Well, that doesn’t work... I ended up blubbering. And I know that there’s going to be lots more of that kind of stories.

What is it about the first time a widow faces an experience alone that makes it so difficult? Is it the memories, or is it something else? In this instance, Laura experienced the graduation of their oldest child without the companionship of her husband. Graduation was something she had always dreamed of sharing with her husband, so the loss of this opportunity was a difficult and painful part of her experience of adapting to the challenges of being alone.

4.2.4.1 Initial adjustments

Study participants expressed various thoughts about adjustments in the first year of the journey through widowhood. Laura discussed physical changes including stress

reactions and weight gain. She stated, “Physically, emotionally, stress... like I have never experienced stress before. Sure, I’ve experienced stress, but this has been very physical”. Laura found the first New Year’s Eve after her husband’s death to be particularly difficult.

I think probably one of the hardest times after he died that rammed home, again, that I was alone, was New Year’s. I thought Christmas would be hard, but I actually went through it not too bad, but . . . New Year’s Eve was very hard for me. I thought, I’m going into a new year without him, and that was very hard. With the New Year came new experiences, challenges, and opportunities and Laura had to come to terms with the fact that all of these would take place without her husband by her side.

Laura also dealt with feelings of self doubt related to her desire to grieve for her husband. Since the couple had been separated for a period of months prior to her husband’s death, Laura made the following comment about her experience in the first year:

One of the first things I thought of, ‘are people going to think that my grieving is phoney?’ Are they going to be thinking, ‘well they were separated’ [so she can’t be grieving his death] ... So I found it was really necessary to let people know we had ended the separation. It was more of a worry about what others were thinking ... that I didn’t have the right to grieve.

Laura’s need to be recognized as a grieving widow made it necessary for her to communicate the events of the reconciliation to her friends and acquaintances who she feared might not understand the extent of her grief.

Reactions of others in the first year were a point of discussion with Catherine as well. She stated, “You feel weird anyway, and people react to you like you’re weird, especially when it’s really close to after the person has died.” In addition to wondering what others were thinking of them, some of the participants expressed their earliest thoughts of what they were going through. One of Catherine’s early incidents is presented in this comment:

One of the emotions that I did go through right away was that I didn’t want to live anymore. I was having a shower, and just asking God, why do you give me this breath? I don’t even want this breath. The immensity of what I was facing was just so overwhelming, thinking that I am by myself ... and I don’t want to walk down this road. I think part of me was still hoping, this is just a dream and I’m going to wake up.

Clearly, the reality of the situation was somewhat overtaken by the immensity of the experience and the desire for it to all be just one big nightmare. Jessica expressed a similar thought to Catherine in her statement, “In the beginning I always thought...I’m going to wake up some day and it’s going to be back to normal. Everything’s going to be fine.” Even though she knew the reality of the situation, Jessica also wished for a different outcome, and dreamed of having another option to her widowhood.

Patti’s thoughts on the first year experience were similar. Her immediate reaction was expressed in this comment:

Life was over, as far as I was concerned, and it was just a matter of plodding along now. After he passed away and everybody left, I was all alone. For the first week it was horrendous because there were so many things to do. That’s when

you need somebody there to do those kinds of things. It was just the physical part of getting in that van and doing all those things. You had no choice. All I wanted to do was lie in bed and curl up in a ball and not ever come out again, but I had three little boys to look after and I just had to do this.

This comment expresses Patti's acknowledgement that life required her to accept what had taken place and push herself to do what had to be done to continue to provide for the needs of her sons.

For Catherine, removing her wedding rings in the first year was a confirmation of her being alone. This comment explains the process she went through:

It was very hard to make that choice to take that wedding band off. I had to cry through it because I was letting go of that relationship in terms of a marriage covenant relationship, dependency, and those sorts of things. It was very hard to do that, but I knew that I needed to break that tie because in my heart I was still married to him, even though he wasn't there... I think, in some ways, before I'd taken my wedding rings off, I hadn't come to terms with the fact that M wasn't here any longer.

Jessica's adjustment during the first year was difficult for a number of reasons. She presented some of her initial thoughts in this comment:

Everything is so overwhelming. You think you have it together before they pass away... and then, just like that, you're taking on a two-person job. It's mind boggling. It's a roller coaster inside. So many ups and downs. So many emotions ... some days I feel fantastic. Then there are some days that I just think...what am I doing? Everything's overwhelming and ... you feel like you're being pulled

from all different directions. And of course, you always want everything to go smoothly, and you don't feel like you're normal.

Jessica addressed the issue of being “normal” from more than one perspective, making it very clear that she does not see her situation as a young widow, and single adult, as a “normal” one.

Jessica was the only one of the five participants who had not been working outside the home when her husband died. She described the adjustment to obtaining employment in the school system in this comment:

It's an adjustment, but what I'm doing is the best job that anybody could have in my situation because I never want anybody else to raise my children. They only have one parent left and I want to be the parent that takes things over and raises them.

Jessica expressed finding support and encouragement through work, and explained that often it is very helpful to have the diversion of going to work daily to assist with the loneliness and feelings of loss.

Wendy's experience in the first year of her husband's death presents a somewhat different perspective that she expressed in this way:

Don't sell your house, don't move, don't change jobs, don't do anything. You have a right to be crazy for a year. I was told that many times. It was so ingrained in my head that it was as though I couldn't move forward for a year. The night of the year anniversary, I had a dream that was so real that I woke up and ... it was his last breaths. I remember that dream more than I remember him taking his last breaths. That dream had more impact on me than his death because I knew the

death was coming. And then I also knew that I wasn't functioning right, and I wasn't really in this world. My brain was someplace else, I was detached. I remember not being able to calm myself down. I don't think I was able to bring myself down for probably two years after his death . . . it was just like there was this motor and it hummed.

Wendy found the experience of the first year to be overwhelming to the point that she needed to somewhat disconnect herself from what she was experiencing and allow herself just to go through things as they occurred. Wendy explained that her first year included using sports for release of physical energy, keeping active to avoid dealing with her feelings, and feeling like she was "crazy." Wendy also made the following comment, "I was so stuck with, don't do anything for a year that I didn't really process anything for a year, and that's why that anniversary really hit me like a ton of bricks. Now I have to start dealing with this." The impact of the anniversary was enough to move Wendy from the place of existing to deciding that she must now begin to determine how she would address the new reality of her life. This prompted me to ask Wendy if she felt she had experienced a delayed grief reaction, to which she responded:

I'm not convinced it was a delayed grief reaction. I think people will process things when they are ready, and my heart and soul was not ready to process anything, so that year gave me some time to heal part of that so that I could eventually get to the point I'm at now.

The initial adjustments within the first year included dealing with reactions of others, accepting the reality of loss, adjusting to the reality of going to work, and in the contrasting case, putting things on hold for the year in order to come to the place of being

able to accept the new reality. Another challenge that arose in the first year was the need to assume new responsibilities.

4.2.4.2 New responsibilities

In their discussion of “firsts,” participants spoke of responsibilities they now had. All except Wendy spoke very clearly to the fact that the death of their husband had brought with it a significant amount of responsibility that had previously been shared. The main issue presented was around household management. Jessica, who worked with her husband on the family farm, described her adjustment:

My husband and I did a lot of things together, including the paperwork. I tried to be alongside him and doing things together ...but I hate to do those things alone.

Everything is so mind boggling... and knowing I can't farm anymore, mind you, I don't want to leave this place. But it's just that everything is so overwhelming... not everything runs smoothly.

The pressure to have things that are beyond her abilities run smoothly has caused Jessica a significant amount of personal distress as she tries to decide what changes will have to be made if the family is to remain on the farm.

Laura spoke about home maintenance in her comment about her biggest adjustment being, “probably having to take over changing furnace filters, fixing cars, doing all that kind of stuff he took care of.” In another interview Laura addressed this in more detail when she said, “the new thing I've experienced recently is I've decided to do this fixing up of the house myself because I'm not good at asking people...so I thought it's either the house is going to fall apart, or I'm going to learn how to use tools.” Laura commented further, “I feel alone in things that I have to do...running the household

alone.” The challenges of running a household are many, and when they must suddenly be handled without assistance, they can become overwhelming.

Patti and her husband were in the middle of building a new house when he died. She commented:

The house is only half finished. And the kids have basically destroyed everything before it’s even built ... and then I wait and wait and wait and finally get people in and they make a mess of stuff. The thing is we have lots of people in our community that are electricians, plumbers, painters, or do construction and finishing houses, but no one has actually offered to come over. And I don’t really expect people to do stuff for nothing, but they’re not really interested in coming. Thus, Patti finds herself feeling very alone with all the responsibilities that she used to share with her husband. Another point Patti made is how difficult it is to have to continually ask for help. She stated, “I guess you have to keep pursuing it, rather than leaving it up to these guys because they forget ... but that’s pretty hard to do.” I wonder what it is about asking for help that is such a challenge for these young widows. The experience of asking for help has been quite anxiety producing for most of the participants, and the data do not clearly portray why this is such a struggle.

Catherine’s story presents a contrasting point of view. While she has struggled with a number of adjustments, she made the following comment about the change in roles and responsibilities. “I don’t think that for me the responsibilities I’ve had to take on have been as huge as they might be for other people because I’ve always been working. I was balancing the budget, paying the bills, all those sorts of things. So when my husband died, that didn’t change.” Catherine recounted the following story that speaks to her

adjustment in this area of increased responsibility. Catherine had decided to paint the interior of her house, something she had never done before and had very little idea about. The size and complexity of the job were a bit overwhelming, but with the help of a number of friends she persevered. She felt rewarded by the following thought that came to her in the midst of all the mess that preceded the completion of the job:

... I happened to be up in one of the rooms by myself actually, painting or patching something, and I just felt like M. was there, just saying he was so proud of me for taking on this job, that he always knew that if I set my mind to it that I would get it done, that nothing was going to be impossible for me.

Catherine gained confidence in her responsibilities when she connected with memories of her husband and how he would encourage her in this endeavour.

Very little in the literature addresses the experience of “the firsts” for young widowhood. Boeck (1991) conducted a naturalistic inquiry study with three young widows who reported one of their greatest challenges as increased responsibility for all areas of their lives. Anderson and Dimond (1995) conducted interviews with 12 bereaved spouses between the ages of 53 and 89 and compared the findings with the experiences of younger widows. These authors found the participants’ identified need to learn new skills and take on new responsibilities was key to their experience. Withnall (1998), who completed an extensive literature review and prepared a discussion paper on the adjustments of older widows, found that bereaved individuals need to have assistance with day-to-day life activities since their energy is expended on the emotional needs of grieving.

Parkes and Brown (1972) found that the first year of bereavement frequently includes both physical and psychological health changes for young widows. The participants in Guckin's (2002) study of young women whose significant others have died and who are rearing children expressed dealing with issues such as loneliness, increased responsibility in the home, child rearing, and difficulty asking for help. It is interesting to note that some of the participants in Guckin's study also found the first year to be exhilarating and an opportunity to begin a new life because of the stresses of being in abusive or loveless marriages.

The lived experience of the first year for these participants included initial adjustments and new responsibilities brought about by the fact of being widowed. These young widows have had to face numerous challenges for the first time and integrate the adjustments into their lives as they adapt to the new reality of life.

4.2.5 Support systems

In the current study, varying degrees of support of family members, friends, faith, and the health care system were identified.

4.2.5.1 Support of the family

My husband's family are very close, very supportive. They've been wonderful. I couldn't ask for a more wonderful family. My mother-in-law is always writing letters and comforting notes to me... [she is] always saying on the phone, how much they love me ... talking about my husband and I ... what we were to them, and how wonderful the relationship was. How much they love my children and how much they're always going to be there for me. (Jessica)

Other participants described family support in similar ways. Wendy reported asking for support from her family after the death of her husband:

I have brothers down in the States that would do anything for me if I asked them to. We don't necessarily get together that often, but I can talk to them. They're far more accepting of my situation than I would have ever thought. I didn't ask anybody to come around until he died. And of course, they all came. When I said, "I need you," they came.

Wendy was encouraged and strengthened by the support of her family in her time of need.

Patti found her family support from her sister, who lives in another part of the province. One time when Patti was feeling overwhelmed with her caregiving responsibilities for her husband, her sister worked all night so she could travel to be with Patti in the morning. Patti recounted wishing that she had called her sooner. "I wish she had been there ... she would have made people tow the line because that's the kind of nurse she is. She makes people very accountable for what they're doing." Patti felt supported by her sister when working through the health care system and knowing how to manage certain issues related to her role as caregiver.

Jessica reported being supported by her sisters. She also indicated that her parents were supportive of her, but since they don't live in the province, it was difficult to be affected by their support on a regular basis. Catherine found support in her relationship with her mother-in-law. Even though her mother-in-law lives in another province, they see each other frequently, and Catherine's children often spend time with their grandmother during school vacations.

In contrast, Wendy and her children have limited contact with her late husband's family. This was true even before her husband's death. Wendy commented, "D's father was alive then, but he didn't want to see his kid in that state, so he wasn't much support." Since her husband's death, Wendy has maintained only limited contact with her husband's family. "Last Christmas we went out to B.C. to visit D's brother. We went skiing at Christmas. We were in a kind of confused world." Wendy went on to explain that while she would like to continue to have a relationship with her husband's family, this is not a realistic expectation both because of living in separate provinces and because his family does not initiate contact with her or her children.

Patti also received some support from her brother-in-law, but it was limited by the fact that he lives in another province and was dealing with his own grief. As Patti recalls:

He was off on his own; I mean I can see that, he was all that was left of his family. His brother, his mom, and dad had all passed away. So he was there, but he was in a chair, wallowing in his pity.

Patti also struggled in her relationship with her husband's family as it appeared they wanted to be the centre of attention and did not wish to be supportive to Patti and her sons. Family involvement in varying degrees was a source of support for the widows in this study, and an apparent benefit in the adaptation to their new lives.

4.2.5.2 Support of friends

Three months after Laura's husband died, she and some friends attended a choral event in a nearby city. The choir sang Go Rest High on that Mountain, a song Vince Gil wrote for his brother who died young after a troubled life. As Gil's words encourage his brother to rest high, as his troubles here on earth are done, images of a fresh grave were

projected on two large screens above the audience. Laura recalls sitting and biting on the inside of her cheeks, determined not to cry in public.

I had no way out...there were people all around me...I heard this sniff, sniff, and all of a sudden Bonnie pulled out a Kleenex and handed it to Edith. Edith handed one to Nancy, and Nancy handed one to me. In the moment that those Kleenexes changed hands, it became okay for me to cry because I wasn't crying alone.

Suddenly I could let the tears go because they did too.

Although Laura feared public expression of emotion, even more frightening to her was the thought of "crying alone". The support of her friends broke the barrier to allow her to express her grief.

Laura spoke of the support of such friends throughout her husband's illness and following his death. During his illness she found support from the women in a co-dependency support group she belonged to; "those ladies were all with me," she recalls. "They were there to sit around his death bed with me." Laura also developed a close relationship with a former co-worker whose husband had died of a similar type of cancer several years earlier.

Catherine clearly articulated support received from her friends as she recounted the following incident that she believes set the tone for much of her journey.

In one sense I know I've never been alone... the night that my husband died, I called friends of ours who are in our church. Within half an hour there were people here... I remember looking around the room, [particularly at] the men who are in leadership in our church...There were a lot of them that were there. And I

remember looking around the room and just knowing, I'm covered. These people will watch out for me.

Catherine and her husband had been a part of this church group for several years and had developed close friendships. She did not hesitate to call on these friends for help in her need as she was certain of the response she would receive.

Jessica found support from her friends at work who helped her to focus on things other than the loss of her husband. For her, "going to work has been wonderful ...it makes me feel good, you know, to laugh and not think about things sometimes." Jessica's friends in church and from the support group she attended also give her strength to continue to live without her husband.

Wendy identified her greatest support as coming from her friends. She stated, "Friends I worked with. They were nurses. They were definitely there...most of them were excellent support." Another point Wendy recounted is how her friends and work became a refuge from her grief. "Work was okay because people generally were not touchy feely. They just kind of let me work." Wendy found this supportive as it allowed her to function and feel "normal". Wendy also found an unexpected source of support in a friend of her husband; "D had a friend that was great support to him, and was actually a great support to me, which was kind of a surprise just to have him around." Wendy indicated that she maintains a casual relationship with this friend even though her husband has now been dead for almost eight years.

In contrast, Patti struggled a great deal with finding the support she needed both during her husband's illness and after his death. During his time of illness she felt very alone:

I had no one to turn to. I had no one to talk to. I sat on the floor at 4:00 in the morning thinking, what am I going to do here? I can't do this anymore. I'm afraid ...I was afraid he was going to die.

After her husband's death, Patti did find some support from a friend at work who had also experienced the death of her husband, as well as from a neighbour who had recently divorced.

Patti unexpectedly heard from an old friend with whom she and her husband had attended college and had not seen for almost 15 years. The friend provided an opportunity for Patti and her sons to connect with their husband and father in a unique way. As Patti explains:

He did come out in November and stayed with us for a few days, and it was great. It was great to hear all these stories about Dad because F. never talked much about things. He never bragged about his accomplishments...we have all the newspaper clippings. The best running back in Canada at 16 [years of age] ... we have all these clippings and stuff, but he never bragged about what he did.

Patti's sons "latched on to him. I mean, he knew everything about Dad for the first 25 years of his life... his humour is slightly similar, and he was a reminder of Dad..."

Having contact with this friend, even briefly, was an encouragement for Patti.

Patti's friends at work provided her with what she termed "superficial support." She expands on this in the following comment. "I've had a lot of good, superficial support from work...my boss has been very supportive, and if I didn't have a profession, if I didn't have a job, that would have been much harder." When asked to explain this comment Patti identified how her co-workers would inquire after her well-being but

when she wanted to talk about her loss or current challenges they would often withdraw. Patti also found that the support she received from these individuals was limited to the workplace and did not extend to her life outside of work.

As seen by these narratives, friendships have provided a significant opportunity to these women to be supported in their experience of spousal bereavement. Another opportunity for support, expressed by three of the five participants, was that of spiritual support.

4.2.5.3 Spiritual support

The question of the role of God and faith is one that was considered by each of the participants in this study as they attempted to find their way in their new lives. Three of the five participants in this study found support in their faith and their belief that God was in control of everything that was happening to them in their experience of widowhood. The remaining two expressed anger at God for their circumstances. Catherine recalls how she called on God initially:

There was a pivotal moment that set the course that my own grieving would take. M. had collapsed and the paramedics were in our home trying to revive him. I didn't want to see what they were doing so I stood around the corner where I could hear them. As I stood listening, I prayed. I begged God to bring him back. I was paralyzed with the fear that he would die. Time stood still as they worked over him. I clearly remember the moment that I knew they would not revive him. In that moment I laid everything down and said, "You are Sovereign God and I put everything in your hands." My moment of surrender was an important choice for me. I could place my faith in God or I could turn away from Him. I chose to

turn toward him... I don't know how my relationship with God would be if my husband had lived. I have so much peace these days. Things that I would have worried about before don't bother me. And even things that really throw me off only do so for a couple of days, because I have such a deep trust in God's faithfulness.

Catherine was quick to articulate the value of her relationship with God and the contribution it made to her adaptation to her new situation in life.

Jessica found prayer to be a powerful tool during her grief. She suggested, "I've gotten even closer to God through my husband's death... prayer has helped me through. I would be in total chaos if I didn't have the support I have. I think I'd be in the nuthouse." Jessica's church family has shown her the love and faithfulness of God. "They are always praying and gave me this beautiful prayer bouquet when D. died, and it has a picture of him. And on the inside were prayers ...all these different prayers that people were saying for us." Laura also found peace and support in her faith. Laura commented, "I found that, being a Christian, I looked at things differently than other people did, and I didn't have nearly the concerns that they did." Laura related an incident that occurred a few years after her husband's death that highlighted to her the faithfulness of God in her life on her new journey as a widow.

We had gone to a Women of Faith Conference, and we heard all these women... talking about different grief, ...heart attacks, lost kids, lost husbands, and everybody in my group and half the auditorium, was just bawling, all around me. And I wasn't. And I was sitting there and I remember one lady turned to me and said, "What, do you have a heart of stone or what?" "How can you not cry

through that?” It was interesting because they were all seeing a sad story, and I was seeing the survival of these people, like me. We had survived it. God got me through this... I remember thinking, I have done a lot of healing when I cannot just look at the sadness, but look at the survival.

Laura used this opportunity to reflect on how she saw the faithfulness and provision of God for her in her time of greatest need.

In addition to the role of God, the participants addressed church family contributions to support. Jessica and Catherine both found their church families to be one of the strongest sources of support. On the other hand, Laura made the following comment about the role of her church family, which was quite different from the experiences of Jessica and Catherine.

I’m not sure it was as beneficial as it probably should have been. That’s probably where a lot of my troubles came, with asking people for help when I’d be told they were way too busy. Yes, I can’t honestly say that the church was a big help.

I would have to be very honest and say no.

Laura found the church did not provide the support that she expected and she had to address personal feelings of anger and bitterness toward the church. Not all the participants in the study found God or faith to be a positive contributor to their support.

Patti and Wendy did not find support in a relationship with God or in faith. While both of these women stated that they believe in God and have some church background, they reflect very different perspectives of the role of God and faith. Wendy does not claim to have a relationship with God. In fact, during the year after her husband’s death all Wendy felt was anger. “I was mad at God, very much at God.” She was unable to

overcome her feelings of being betrayed by God, and therefore, could not see him as a potential source of help on her journey.

Patti expressed similar anger and feeling that God had let her down. Patti believed that God owed her husband something because of the good life her husband had lived, and she struggled with her feelings toward God when her husband died. This comment expresses her confusion:

I just think how could there be a God? There really isn't one. They're all being silly to think there is one, but you have to believe in something. You have to have faith in something. But I'm not very sure if there is one [a God]. I think that you need to put all your hope into somebody ... I mean, you have to believe in something, but if that's what you're going to believe that this person is going to come through for you ... [you are going to be disappointed] because that one wasn't there for him [Patti's husband].

The existence of God was acknowledged by all the women in the current study. Faith, prayer, and church family were seen by three of the participants as positive contributors to their adaptation to widowhood. The remaining two women indicated a disappointment and even anger with God, which consequently led them to see Him as a hindrance rather than a help in their lives.

4.2.5.4 Support groups

Laura commented on her need for support that she found to be lacking:

... The one thing that was missing tremendously for me... [was] the support of another young widow. That's what I craved. I remember just feeling like I needed to talk to somebody who's been through this because you talk to your friends, and

people who haven't been through it don't know, don't totally understand... and you can't get deep with them.

In this comment Laura makes very clear her need for support. A support group, comprised of young widows, would have been helpful to her. Jessica and Catherine, who both attended support groups, confirmed this.

Catherine found that her bereavement support group helped her to see that she was not alone.

What I was feeling and experiencing was similar to what they were feeling and I wasn't crazy...and then to realize I'm not the only person that has gone through this. To consistently identify how many things are the same about us. I found that helpful.

Catherine found that being able to share her experience with women her own age, who were having the same struggles, was of the greatest benefit in adapting to some of the many challenges she was facing.

Jessica experienced similar benefits from attending a support group with two other young widows and their children. While she found the group helpful, she suggested that incremental group sessions would perhaps have been useful. She explained, "We just had six weeks. And I felt it wasn't long enough ... maybe do six weeks and then wait about four months or six months, and then do another six weeks." Jessica also indicated that she found group counselling more helpful than individual work, and heartily endorses that groups be specific to young widows.

Patti did not attend a support group, but would have liked to. One thing she found was that even though she felt very alone, she found it difficult to attend a support group.

She thinks, “It would have been nice ... to have somebody push you into some of these support groups.” Her suggestions about support groups included making sure that they were available for targeted groups such as young widows or single parents. Patti was the only participant to suggest that groups be open to both widows and widowers together.

I think it would be better not to have an all-female group or an all-male group, but to have a group together because we need each other. The men need the women and the women need the men for support, and I think it would be so much better to have a group for both.

Clearly, the support of a group was of benefit to those who attended these groups. The most effective group would seem to be one that addressed multiple needs of the young widow, that is, a group for widows with children that included a component of addressing the needs of the children, and perhaps offering some sort of support for them as well.

4.2.5.5 The health care system

Three of the participants in this study had extensive experiences with the health care system prior to their husband’s death. Laura’s husband had cancer for about ten months, during which time he had surgery and radiation treatments. Laura’s experience was very positive. “As far as the nursing went, mine was awesome. On the Palliative Unit they were just incredible people. Very supportive, very loving.” Laura returned to the Unit for a memorial one month after her husband died. She described the experience as, “Nice because you do get to know people on the ward after you spend time with them. So that was nice to go back and do that.” Laura felt that this effectively assisted her grieving.

Study participants were given the opportunity to identify ways the health care system can provide support and caring for young widows. Catherine suggested that health care workers can fill the role of accepting and encouraging the widow when everything around is not making sense. She commented:

...life is shaken; they [widows] need something solid they can count on because everything is falling apart. Those workers need to be something solid that [we] can just come and lean on, establish a relationship where no matter what that person is feeling, or thinking or doing...that [we] are accepted and that's not going to change.

Another approach Catherine identified from her involvement with a bereavement support group was that health care workers could assure young widows their feelings are valid and each individual's situation is unique. She commented:

...people would tell me, there is no right or wrong. It's okay for you to be feeling or experiencing whatever you're feeling. I think that was very helpful because when you're going through such huge emotional strain it's really easy to start feeling there's something wrong with you. So you're feeling weird, and it's very helpful for people to keep telling you you're not crazy.

These two examples demonstrate opportunities for nurses to assist young widows to deal with feelings brought about by their experience of bereavement.

Patti addressed the needs of single parents for support with their children, as well as the need for someone to assess individual situations and provide specific assistance.

... I have an idea they [the health regions] need some kind of an organization that can go in and see what kinds of things you need help with. Somebody that can

come in and say ... “we can help. What kind of resources do you need right now?” You need someone to be thinking for you, making some of those day-to-day decisions. That could be a team of people that can come in and assess. I never saw a social worker the whole time F. was ill. There was nobody that actually came to me and said, “Can I talk to you?” They [health care workers] need to make the first step, not me. I’m not in a position to say I need help. They know you need help.

Patti explained that a team of this nature needs to include health care workers who have experienced widowhood as they can best relate to the needs of the bereaved.

Other participants contributed to the understanding of the role of the health care system in the lived experience of untimely spousal bereavement. Wendy spoke of the benefit of individual counselling after the death of her husband. She spoke of seeing a counsellor.

I would do mental health check-ins every now and then. It wasn’t necessarily a regular thing, but when S. was struggling and cutting her hands...I was so stressed out, my ears were ringing, I had chest pain, I probably lost 10 pounds. I wasn’t coping well with that piece at all, so then I was seeing a counsellor to try to find out what is making me so panicked about all of this.

Wendy found it both necessary and beneficial to address her situation with a counsellor who could provide an objective and supportive view as Wendy worked through concerns about her daughter.

Jessica’s husband died suddenly and she found it very helpful to talk about her experiences with a counsellor.

I find it is hard sometimes to talk to people that don't know what we're going through. You want to talk about things over and over again, and you feel like you sound like you're a broken record ... you want to talk to somebody that understands what you're going through ...you need somebody to listen.

Jessica's experience with counselling was similar to Wendy's in that she found it helpful to talk about her struggles and receive help in identifying and addressing her feelings. While this experience was helpful to Jessica, not all the participants in the study were able to find help from the health care system.

Patti's husband had cancer for two years before his death, and Patti's experience with the health care system was very difficult. She recounted numerous experiences of interactions with physicians, nurses, and other health care providers who, in her opinion, provided substandard care. Patti described the process of arriving at an accurate diagnosis. Initially her husband's rectal bleeding was attributed to hemorrhoids. It was six months before he had a colonoscopy and took an additional four months to remove what his physician termed "a small cancerous lesion". Patti felt that this delay was excessive, especially in light of the fact that her husband had three family members who had already died of colon cancer. "We had to wait almost a year for them to diagnose and do surgery," she says. "I think if they had gone in a lot sooner we wouldn't be having this conversation today."

Patti believes that part of her healing involved discussion with her family physician about her experience, as well as telling the story to others. She stated, "I'm very angry... I was very angry with his family doctor for not dealing with it better. And I let him know, too. I'm one of these people that have to tell the story... it helps the healing

process.” Patti recounted difficulties with her local Cancer Clinic, which she also believes provided inadequate care.

We saw the cancer doctor ...he just said, ‘it’s going to spread to your lungs and then your brain. Take as long as you need in the room,’ and those were his parting words. We were cut off from the Cancer Clinic, it was really very sad actually.

From these comments, it is possible to have a glimpse of Patti’s experience with the health care system and see how she felt betrayed by formal health care providers responsible for her husband’s care.

Research studies with widows and widowers have identified key factors providing support for the bereaved. Researchers from the University of Tampere in Finland completed a quantitative study of 318 widows and widowers that provides some understanding of the sources of support, and whether social support has a positive affect on coping with grief (Kaunonen, Paivi, Paunonen & Erjanti, 2000; Kaunonen, Tarkka, Paunonen, & Laippala, 1999). These studies found families are often quick to respond to the needs of the bereaved, and provide both emotional support and practical assistance such as housecleaning, cooking, and companionship. The most supportive family members tended to be parents, siblings, and children, followed by extended family members such as aunts, uncles, and cousins. Thuen (1997) assessed the psychological well-being of 165 participants in bereavement support groups and found the most significant amount of support came from family and friends. Since family members are also part of the loss and grief experience, they are often the ones who recognize the needs and determine to step in and assist the widow. The requirement for practical support, such as assistance with childcare, financial help, and household management, seems to present

itself initially. This may be because the emotional issues take second place to the daily needs for survival. Then, as the widow begins to become more adjusted to her role as single parent and sole provider, the emotions can be allowed to surface and be addressed. The women in the current study identified work as an opportunity that assisted their adaptation to the challenges they were facing in their new lives.

Abner (1992) completed a survey with 157 widows, 55 – 75 years of age, and bereaved two years prior to the study. The study examined how the role of paid work influenced the widows' health during bereavement. Abner commented that, "gains in self confidence, acknowledgement of one's abilities and the realization that it is possible to cope and adapt effectively to stressful life events, may result from having a paid work role identity" (p. 98). Abner's study suggests that the positive impact of work may assist in health outcomes for widows during bereavement.

The literature concerning support-seeking behaviours of the bereaved is mixed. Huart and O'Donnell (1993) prepared a discussion paper based on their work with hospice patients and their families. These authors recommend professionally led groups for support in bereavement. This is consistent with the findings of the participants in the current study, all of whom sought professional assistance to address issues surrounding their bereavement. In contrast, Vandecreek (1988), who completed a telephone interview survey with 100 widows and widowers, found that peers, family, and friends were more helpful than professionals. Lopata (1979), a sociologist who has studied conjugal bereavement extensively, also found that professionals are not a major source of support for widows. Folken (1991), whose discussion paper is based on her experience with the Widowed Persons Service Program in the United States, found that the involvement of

other widowed individuals [not professionals] provided the greatest assistance in adaptation. This focus on finding support in friendships, rather than in professional relationships, has been briefly addressed in some of the literature.

What is it about friendships that enable widows to express their emotions and discuss their feelings? What do friendships offer that provide that safe place in which to let go and experience the pain of the loss? Davis (1996), a sociologist who wrote a discussion on friendship, believes that friendships are essential links with others that provide us with “indispensable support” (p. 61). This would appear to be true of the participants in this study as they all agreed that friendships had provided significant support in their adaptation to their new lives. Several authors identify the special value of friends who have experienced the same loss. These are the individuals who have walked a similar path and can cry with you as no one else can (Ginsberg, 1997; Kaimann, 2001; Lopata, 1996; Ulmer, 1996). Catherine’s story supports Folken’s (1991) experiences with support groups that suggest the bereaved found the greatest comfort in speaking with others who were going through similar challenges.

For three of the widows in the current study, spiritual support was found to be of benefit. The literature provides some confirmation of this finding. Kazanjian (1997) studied the health records of three hospice patients to determine how they used emotional and spiritual support when they were dying. She suggests that faith is a decision and that the individual’s ability to experience God is dependant on the extent they “opened themselves to God’s presence in the midst of their grief” (p. 25). This would be consistent with the ideas expressed by the three participants in the current study, who decided to look to God for support and help in their time of loss. Pargament (1997) has

studied the contribution of religion to support for the bereaved. He identified that many individuals found support in their belief that God was working with and supporting them during their times of difficulty. Michael, Crowther, Schmid, and Allan (2003) completed a literature review on the effect of spirituality on coping in bereavement. These authors agree that the religious community to which a widow belongs frequently lends critical support in her adjustment, and often becomes more important than ever before as they support her adaptation to her new role.

Kaimann (2002) found that all nine of the widows she studied found consolation in their faith, and described God as “a constant and familiar presence ... a solace and a source of strength upon which to draw” (p. 161). These women were able to go to God for support and found him to be faithful to meet their needs. Parrott (1999), in a discussion paper on the role of spiritual support observes, “The loss of a spouse leaves the bereaved drained of vitality, hope, and desire. The critical task of the bereaved is to rejuvenate the spirit by reawakening the faith” (p. 333). This comment presents Parrot’s belief that faith is a choice that one makes in an effort to find help in addressing life’s challenges. As I reflect on this, I wonder what exactly it is about a relationship with God that provides help and comfort in times of deepest difficulty. Could it be the thought that there is someone bigger than all of the hurt and pain available to meet my needs? The Psalmist David writes of God as “a father to the fatherless and a defender of the widows” (Psalm 68:5, New International Version). This verse provides an encouragement for some of the widows who are struggling to make sense of their experience with bereavement.

The *Oxford English Dictionary* (1971) provides several definitions of support. Appropriate to the discussion in the context of this study are the following definitions:

“The action ... of preventing a person from giving way, backing him up or taking his part; the provision of services that enable something to fulfill its function; the action of keeping from failing, exhaustion or perishing; especially the supplying of a living thing that which is necessary for subsistence” (1971, p. 3167). The *Dictionary* also addresses support as “spiritual help” and “mental comfort” (p. 3167). Accordingly then, support would be the things that provide the widow with the ability to continue to maintain life. By receiving support, she is able to address the loss she has experienced, and identify what she needs in order to continue to live in her new circumstances.

Gardner and Cutrona (2004) define social support as, “responsiveness to another’s needs and more specifically as acts that communicate caring; that validate the other’s worth, feelings or actions; or that facilitate adaptive coping with problems through the provision of information, assistance or tangible resources” (p. 500). Perhaps the effect of social support on recovery from bereavement is directly related to the type of relationships available to the widow. Support provides opportunities for widows to be able to identify and address their needs in the context of knowing that both people and resources are available to assist them.

The contribution of social support to the adaptation of young widows cannot be denied. As this study shows, family, friends, work, spiritual support, and support groups or counselling all had a role to play in the lived experience of spousal bereavement for these young women.

4.3 Summary

The findings of the current study have identified five themes common to the lived experience of untimely spousal bereavement. Thematic analysis from interviews with

five young widows, as well as the reflections of the researcher for this study, provided the basis for the findings.

The initial theme identified was “Losses”. The widows in the study identified the sub themes of “loss of companionship”, “loss of hopes and dreams”, and the “loss of family relationships and activities”. The common finding was the fact that the death of their spouse shattered their expectations and assumptions of what life would be like for them and their children. The essence of this theme is the significance of the loss of hopes and dreams in the lived experience of untimely spousal bereavement. Rando (1993) and Bowman (1997) indicated that the young widow must allow herself to grieve these losses if she wishes to adapt to changes and move on in her new life. The experience of the participants in this study resonated with the findings of these authors as they sought to articulate how their lives had been altered by their losses.

Secondly, the theme of “Who am I” emerged. This theme addressed the participants’ struggle to redefine themselves following the death of their spouse. The sub themes that emerged were “identity as a single woman”, “new relationships with men”, “changed relationships with friends”, and the challenges of “single parenting”. This theme identifies the struggle of young widows to find time to discover “Who am I”. The desire to find out where they fit in life is prominent; however, it is overshadowed by the pressures brought on by expectations to fulfill many new roles. The women in this study demonstrated the tension that exists when trying to find a way to identify themselves in the middle of all their new responsibilities. Dialogue with the women in this study also demonstrated the dilemma they experience as they seek to determine who they are.

Neimeyer's (2000) literature on meaning making identifies the need to discover the meaning of one's new life, however, there is nothing specifically presented that addresses the depth of the personal struggles young widows go through as they attempt to identify "Who am I".

Thirdly, the theme of "Making connections through memories" identified the participants' need to maintain a continuing bond with their deceased spouse. The women in the study identified a sub theme of "strategies for memory making", such as the use of memory boxes, photo albums, and family activities as beneficial in assisting them to remain connected with their spouse. The literature spoke to the value of the choice of individuals to deliberately make memories that would assist in remaining connected with one's deceased spouse. Neimeyer (2000) suggests that it is not possible to adapt to the changes without making the effort to also maintain connections. Silverman and Klass (1996) identify the role the continuing bond plays in adaptation and adjustment. Volkan (1981) contributed to the idea that maintaining the essence of the relationship enables widows to adjust and move on in life.

The three women who were caregivers during their husband's illness prior to his death addressed a sub theme of "reflections on caregiving" and how this provided the opportunity to build memories which are a part of the continuing bond with their husband. The role of the caregiver in two instances appeared to be one which provided a unique opportunity to deepen the relationship in anticipation of it coming to an end. Laura and Patti explained how the time spent with their husband at the end of life was a time of preparation that encouraged them for their anticipated widowhood. Wendy described how she would have liked to use this time for preparation but as her husband

was unable to enter into this with her she felt that the time was lost to her and resented his choices.

The participants in this study all found benefit in deliberately attempting to use memories as a tool to assist grieving and adaptation. Wendy, who initially stated that reminiscence was not a part of her strategy, was still quick to describe ways in which she remembered her husband.

The fourth theme identified for the current study was “Living through the firsts”. This theme encompasses the sub themes of “initial adjustments” and “new responsibilities”, and shows the widow’s responses and adaptations to the challenges presented during the first year of widowhood. Included in this theme is discussion of adjusting to being alone in circumstances in which they had previously been supported by their spouse. The participants also identified that the experience had been a nightmare, and their greatest desire was to wake up and find it had never taken place. This theme presents a contrasting view of one widow who was unable to process the reality of her new status in life during the first year. This individual put her life on hold until the first anniversary of her husband’s death, at which time she began to work through issues and take more responsibility for adapting to her new life. The literature presented very little on the theme of the firsts. Support for the participant’s discussion of the role of increased responsibilities was found in several studies (Anderson & Dimond, 1995; Boeck, 1991; Withnall, 1998). Guckin’s (2002) study findings supported those of the current study in addressing the role of single parenting and difficulty asking for help. The participants in this study struggled to find physical, emotional, and spiritual strength to be able to handle

the overwhelming adjustments required of them as they faced the first time challenges of young widowhood.

The final theme discovered in the analysis of the data for this study was “Support systems”. The sub themes found to make up this theme included the “support of friends”, “spiritual support” and the role of faith, “support groups”, and the contribution of “the health care system” in assisting the adaptation of young widows. The literature identified social support as critical for the adaptation and adjustment of young widows. According to several studies, families frequently provide both practical and emotional support for widows (Kaunonen, Paivi, Paunonen & Erjanti, 2000; Kaunonen, Tarkka, Paunonen, & Laippala, 1999; Thuen, 1997). The participants in this study identified family support as enabling them to face the challenges of adaptation. While the role of family differed among the participants the overall contribution of family support was undisputed. The support of friends is found in several instances in the literature identifying friendship as necessary to assist widows in being able to combat the loneliness and losses experienced on their journey (Davis, 1996; DiGuilio, 1989; Folken, 1991; Ginsberg, 1997; Kaimann, 2001; Lopata, 1996; Ulmer, 1996). The current study participants all articulated at least one example of the contribution of friendship to their adjustment.

Spiritual support was a significant contributor to the lives of three of the study participants. Laura, Jessica, and Catherine presented stories of the role of faith in their lives and the choices they made to pursue God as part of their journey to healing. These stories resonated with the literature that described the contributions of faith as a decision to open up to God (Kazanjan, 1997) and an opportunity to find encouragement in a religious community (Michael et al., 2003). Support groups, as a part of the health care

system, were found in the literature to be of mixed benefit. Some authors recommended professionally led support groups (Huart & O'Donnell, 1993), while other studies showed peer directed groups to be more beneficial (Folken, 1991; Lopata, 1979; Vandecreek, 1988). The participants in this study who were involved in support groups all attended professionally led groups or individual counselling and received assistance and direction in addressing the needs that arose as a result of being widowed.

CHAPTER 5 – AN UNEXPECTED JOURNEY:

REFLECTIONS OF THE RESEARCHER

I did not begin this study with any intention of telling my own story. I had met many young widows since my husband died and I was curious about how the experience challenged and changed other young women. I wanted to explore in more detail what it was that made these women who they were now. It was only as I entered into the study and began to explore the phenomenon of untimely spousal bereavement that I realized I had an issue to address. I seemed unable to separate my own life from those of my study participants. For this reason I was excited to discover the research approach of heuristic inquiry. According to Douglass and Moustakas (1985), it was not only acceptable, but integral to the validity of the study, that I explore my own journey along with my participants. So, it was with a mixture of insecurity and anticipation that I began a personal exploration of my lived experience of untimely spousal bereavement while collecting and analyzing the data for this thesis. I found I was consistently being drawn into the place of reflecting on my own experiences as I conducted interviews and immersed myself in the stories of my participants. My stories would come alive for me as I saw how they compared and contrasted with those of my participants, and I filled journal pages with reflections that combined my observations and insights on how we were traveling this journey together. While I usually refrained from sharing my story with my participants, I would on occasion use self-disclosure to help us both gain deeper insights into the essence of the experience.

The previous chapters have presented the themes that emerged from the data analysis with the participants. In this chapter I would like to reflect on the themes elucidated from the participant's experiences as they relate to my personal journey of the death of my husband.

5.1 The themes of untimely spousal bereavement in my life

5.1.1 Losses

For me, the greatest loss was that of hopes and dreams. I found an entry in my journal that speaks to this: "I want to visit the grave this weekend but I'm afraid when I go there I'll start to cry and never be able to stop... I'm crying for the loss of our future together, for what I know will never be." Our relationship, which had contained struggles and challenges, was in a season of growth and renewal, and I was experiencing a reawakening of many of my hopes and dreams at the time when my husband died. Having to put to death the dreams and hopes for our future cost me many sleepless nights and soul searching to enable me to recognize that my life could again have meaning, even though it would be restructured with new dreams, goals, and hopes. I have discovered, however, that these new dreams can still be reflective of some of the things my husband and I shared, and this provides me with comfort and courage.

5.1.2 Who Am I?

This theme addresses my identity as a single woman, relationships, and the role of the single parent. My adjustment to being single again has required that I get to know myself and this has been a slow, and often painful, process. I was one of those women who tended to draw a great deal of my identity from my husband and from my role as a wife and mother. When my role as a wife was dissolved, and my companion on whom I

relied was no longer there, I was at a loss as to how to define myself. I have had to examine my self talk, my expectations of myself and others, and how the way in which I view myself affects my actions and decisions. I have had to learn to find resources that would assist me in decision making and my new responsibilities. I have sought out new relationships that would meet my needs for the companionship that I no longer have with my husband. In being forced into areas beyond my comfort zone I have learned a lot about myself as a person. I've learned that there's nothing wrong with me if I occasionally give way to my emotions and cry things out. That doesn't mean that I'm a bad person, or that I've lost my mind, or that I'll never be okay. Initially, I felt sorry for myself and wanted others to feel sorry for me as well. Having to fight for the lives of myself and my children has moved me from the position of survivor to that of overcomer, and I am able to recognize the value of my bereavement in shaping me into the person I am today.

My personal reflections on the role of single parenting describe it as being an extremely difficult adjustment. An early entry from my journal attempts to show some of my struggles:

God – Help!! I'm so scared... how can I know how to take care of the kids without losing my cool and making things worse all the time...how am I to approach them at this time when all the hurts are so raw and fragile? I need you... I need you to be the father to the fatherless and also teach me how to be the parent to my children.

Becoming a single parent required that I relearn many of my approaches with my children. Like several of my participants, I had frequently relied on my husband to be the

disciplinarian with our children. His parenting style was much more rigid than my own, and I now found myself in the place of needing to learn balance. Some advice from a friend at this point in my journey was quite helpful. He suggested I “let them be kids” and allow my children to see some of my vulnerable times because this would build a sense of family among us. This friend also suggested that making choices to focus on what we have, rather than on what we had lost, would help me in assisting my children with their adaptation to the loss of their father. The wisdom of these suggestions, along with the support of my friend, helped me to find the strength to continue to parent my children through the challenges which came our way.

5.1.3 Making connections through memories

When I begin to reflect on memories and how they help me to stay connected with my husband I struggle to know where to begin. I have drawn strength from my memories, but because some of my memories are very difficult, I often choose not to remember in an attempt to ensure that my memories do not overcome me.

Just like my participants, my children and I do several things to deliberately remember my husband. One of our family traditions has always been to celebrate birthdays in a big way, so after my husband’s death we continued to remember him by celebrating his life each year on his birthday. Often it is a bittersweet experience, but it is one time when we deliberately talk about him and tell stories, and it helps us to remain connected with him.

One of the most helpful things for me in maintaining connections through memories is the opportunity to talk about my husband with people. Something I read during my literature search for this thesis resonated with me significantly.

I have only slipped away into the next room. Everything remains exactly as it was. I am I, and you are you, and the old life that we lived so fondly together is untouched, unchanged. Laugh as we always laughed ...play, smile, think of me, pray for me. Let my name be ever the household word it always was. Let it be spoken without effort, without the ghost of a shadow upon it. Life means all that it ever meant (Holland, 1919. p. 10).

So often people seem hesitant to mention my husband, likely thinking that they will distress me, when in reality there is great comfort in being able to talk about him and the life we had together. My children and I have always been able to talk about my husband, and we laugh and cry freely as we remember him in this way.

5.1.4 Living through the firsts

In my personal experience of widowhood, my “firsts” revolved around being alone in situations I had previously shared with my husband. The difficulty for me was not in continuing to take responsibility for the household management, or being financially responsible for the family since this had already been part of our life. It was in new situations that I found myself struggling to meet the challenges. The first time I had to attend a parent – teacher conference without my husband to talk about my son’s behaviour sent me to bed in tears. Even though I had often interacted with the children’s teachers alone at other times, this time was different. I knew I was alone in the situation and responsible for negotiating the outcome without the support of my husband. The sense for me was that “this should not be happening. It is not supposed to be this way.” I felt very vulnerable and unprotected as I sought to negotiate situations in which I never assumed I would find myself. These thoughts made it difficult for me to address the

feelings and adjustments of being alone. What is this about? Is it because as a couple there was someone with whom to share those moments, or is it because I feel incapable of facing certain challenges alone? What about the responses of others? Often people express sympathy, or feel sorry for widows, and I'm wondering if perhaps this contributes to increased feelings of not being strong enough to face things alone?

5.1.5 Support systems

My experience with support systems has been provided through the support of my family, friends, my faith, and involvement with a support group. The following examples will describe how support has been a factor in my ongoing efforts to adapt to my new life.

My family have been a wonderful source of support in many ways. One example is one of my brothers who, for the past eight years, has remembered to send me a letter or an email on my husband's birthday and on the anniversary of my husband's death. For the first few years I was not surprised to receive this kind of encouragement and care, however, as it continued year after year, my heart was deeply touched by the love that was expressed for me in this way. While most people have moved on and no longer recognize the significance of these days in my life, my brother remembers and makes sure that I know he is thinking of me.

I have a number of wonderful friendships, but one has been most beneficial in bringing me to the place I now find myself. The first few weeks after my husband died my friend stayed very close and helped me make decisions and work through the confusion of my new situation. However, her greatest contribution has been the ongoing support that she has provided just by being with me in all areas of my life. Her consistent

encouragement and willingness to share my deepest secrets has shown me the value of true friendship. My friend was the confidant that DiGuilio (1989), himself a widower and a sociologist, speaks of in his description of those rare and special friends who help us to combat loneliness, provide intimacy and acceptance, and affirm the desire for personal renewal and growth.

My faith has been a significant part of my life since I was a child. However, when my husband died, my faith was deeply shaken and I struggled to hold to what I had always embraced as truth. I did not cease to believe in God, but I had great difficulty in continuing to accept that He loved and cared about me personally. On the day my husband died my son posed the question, “Mom, why did this have to happen to us?” I, in turn, had to ask God that same question and I still do not have an answer. I have chosen to continue to believe that even when bad things happen, God has not abandoned me. God, in turn, has become a much closer, more intimate friend to me than He ever was before. I believe that it is because I find God to be a personal friend that I am able to find hope and comfort in my bereavement.

In this reflection, I have identified in myself the same courage, determination, and resourcefulness that were so evident in my participants. I have also learned that there will be days in which nothing will seem right and I must accept these as a part of my life, just as I accept the days in which I see the hand of God directing and guiding my way. My life has been challenged and shaped in many ways by the death of my husband. I have emerged as one who knows and understands herself better, and is able to empathize with others who have, and will, experience life changing losses. I have also acknowledged that I am grateful for the marriage relationship I had and was truly blessed to share the time

that I did with my husband. As a way of connecting to my thoughts and feelings while developing this thesis, I read my journals from the period following my husband's death. I found a poem I had written, which reflects so poignantly how I see the way the lived experience of untimely spousal bereavement has shaped my life and, I believe that of my participants in this study.

Wife ... to widow

Mom ... to mom and dad

Partner... to single again

Responsible... to totally responsible

Bitter ... to forgiving

Angry ... to reconciled

Fearful ... to stronger

Panic... to peacefulness

Hopeless... to hopeful

CHAPTER 6 - INTEGRATION

The purpose of this research was to explore, with study participants, the lived experience of young widowhood. The qualitative research design was chosen because it provided an effective way to explore and describe the experience of the participants. The tradition of phenomenology was chosen because of its emphasis on the “lived experience” and the opportunity it provided for the participants to share stories of significant aspects of their experience. Data were collected by means of unstructured, in-depth interviews. The use of more than one interview with each participant provided an opportunity for richer data. The data for analysis consisted of the interview transcripts, field notes, and personal reflections made during the course of the research.

While each of the study participants provided different thoughts on the experience of spousal bereavement, there were five major themes that emerged from the data. These themes provided some understanding of the experience of untimely spousal bereavement from the perspective of the bereaved spouse. The themes were: “Losses”; “Who am I?”; “Staying connected through memories”; “Living through the firsts”; and “Support systems”. Each of the themes provided understanding of the widow’s attempts to address the challenges in her life, and the lives of her children, brought about by the death of her husband.

Each of the widows has gone through an identical experience; however, each expressed different needs, desires, and concerns as they discussed their lives. The loss of husband and father affected each of the widows in a unique way. The commonality that became apparent to me as I analyzed the data was the strength with which each of these

young women faced the new challenges in her life. While they tended to choose different approaches with which to try to meet their needs, they were united in the fact that each had accepted her new situation in life, and therefore, begun to seek out ways to redefine herself in this reality. None of the women in the current study had turned to alcohol or drugs to help deal with her struggles, but rather looked for help from family and friends, from God, and from her own inner resources. I did not get the sense from any of these remarkable women that they were merely existing in their new life, rather, it was quite evident that each was doing her best to find ways to come to terms with the new reality, and thus to live life to its fullest.

The determination with which they had each sought to find resources to assist them in their adaptation was another common thread. Such things as participating in support groups, attending counselling, seeking out the companionship of other young widows, journaling their thoughts and feelings, and developing new friendships as single women all demonstrated the commitment to not only survive, but to thrive and live in their new identities.

The participants in this study articulated the value of their participation. Without exception, the opportunity to tell their story was described as healing. Wendy and Catherine both explained how valuable it had been for them to spend time putting the pieces of their story into an integrated whole. Patti felt the opportunity to tell her story had assisted her to identify her personal needs and areas in which she required additional healing in order to adapt to her new life. Jessica and Laura found their involvement in the study was beneficial in identifying how far they had come since their bereavement. It

would appear that the greatest contribution of completion of this study was in the personal lives of the participants.

Secondly, the completion of this study has provided a greater understanding of the phenomenon of untimely spousal bereavement. The themes that emerged are a snapshot of the lived experience and enable the reader to identify with the participant. Young widows have described, in great detail, the challenges and requirements placed on them by the death of their husband. As a co-investigator with my participants, I have been able to see some of the ways in which spousal bereavement has strengthened my life and received collaborating evidence from the participants in this study. Given that there are a significant number of women who will experience spousal bereavement at a relatively young age, this research has identified for them how the lived experience may play out in their lives. Additionally health care providers can find suggestions on how to relate to young widows presented by the widows themselves.

6.1 Implications

6.1.1 Research implications

As identified previously, the literature contains very little research in the area of the lived experience of untimely spousal bereavement. The analysis of the data for this study raised a number of questions that would provide the basis for further research into this topic.

The theme of “Losses” has not been researched with young widows, yet it was clearly presented as a challenge for the participants in the current study. The issues which could perhaps be answered by researching losses include exploring the assumptions and beliefs which shape our marriage relationships, and finding out how loss affects the way

women adapt to change. Since the theme of losses addressed the issue of family losses, it would be beneficial to research the family as a unit to explore the way in which families adjust to the death of a father.

The theme of “Who am I?” presented several opportunities for further research. Shaffer’s (1993) study on young widows rebuilding identity following spousal loss provided some understanding of changes in personal identity and self definition following the death of a spouse. The sub themes of young widows’ new relationships with men and changed relationships with friends have not been identified in any research studies to date. Exploration of how and why young women make the decision to date and enter into new relationships with men, and how this affects their adaptation to their new life, should be undertaken. Friendships have been identified as supportive, yet there was also the finding that certain friendships change and are not helpful to the widow in her adaptation to the new challenges she faces. Further research should perhaps be done to identify the value and contribution of friendships and investigate the question of how and why the death of a spouse would change the way in which people relate to a young widow. This theme also addressed the role of the single parent. All of the current study participants had children and the needs of children were identified as significantly affecting the adaptation of the women in the study. Research studies with the children to identify the areas of challenge for them would also contribute to greater understanding of the needs of young widows and development of programs to support children who are grieving.

There have been theories developed on the subject of “continuing bonds” and “memory making,” but no research studies specifically investigating how young widows

enter into these activities. The women in the current study identified the value of making connections through memories, thus, it would be wise to complete some research focusing on how and why this is important and beneficial to women who are widowed early in life.

Support systems and social support have been identified as being vital to the adaptation and adjustment of bereaved individuals from all ages and life circumstances. Several questions could be answered by further research in this area. Spiritual support could be investigated by asking, “why do some women find support in faith and spirituality while others find belief in God to be a hindrance?” Support groups were identified as contributing to adaptation so perhaps one could ask the question, “what is it about support groups that is helpful or not helpful?” and, “what type of group support contributes most effectively to the adjustment of young widows?”

The study participants identified their ideas of ways in which the health care system could provide support to young widows. Research with health care providers such as physicians, nurses, counsellors, and social workers would identify areas of concern and approaches that would be beneficial in assisting young widows to adapt to the challenges in their lives. It would also perhaps be of benefit to study dyads of bereaved individuals and their health care providers to determine what type of relationships and interventions are most effective in assisting the adaptation to spousal loss.

Finally, similar studies need to be completed with larger samples and in various settings. Women who live in other areas of the country and the world will share different perspectives on the experience of untimely spousal bereavement. The current sample

consisted of white, middle-class women in an urban setting. Women from other cultures and with different belief systems would present yet another story.

6.1.2 Nursing practice implications

As identified earlier, one of the purposes of this study was to prepare nurses to better assist young widows by increasing understanding of the phenomenon of spousal bereavement in younger women. The suggestions for practice implications are derived from the participant's discussion of how the members of the health care system can assist young widows in adapting to their loss and the challenges it brings. The participants suggested that nurses need to develop empathic relationships with women who are widowed, and to provide support and understanding rather than attempting to give them all kinds of answers. Health care providers also need to be able to respond to the behaviour exhibited by widows, and be able to adapt their approach based on individual needs of the young widow. For example, if a widow is not able to focus on information or teaching being provided, the nurse must be able to put aside her agenda and provide companionship or even a shoulder to cry on, if this is the identified need of the woman.

Nurses need to provide opportunities for widows with whom they are working to tell their stories and share their experiences. Providing these opportunities will increase the nurses' understanding of individual needs and enable them to more effectively plan client care. Nurses must also be cognizant of the needs of the entire family, and identify ways in which to assist young widows in caring adequately for their children. Viewing the family unit as the client, rather than the widow alone, will increase the nurse's contribution to the health of young widows. One of the study participants suggested the need for a formal support team to be available to assess the circumstances and situations

of young widows and their families, and to develop and implement a plan of care to meet the immediate and ongoing needs of young widows.

6.1.3 Education implications

Nurses need to be educated to meet needs of individuals who experience specific issues in their lives, in this case, widowhood at a young age. Nursing education should include instruction in death, dying, grief, and loss, as well as opportunities for senior nursing students to interact with individuals in practice situations. Situations in which students could work with bereaved young widows and their children would be effective educational and practice opportunities. Working along with experienced nurses, students would be able to directly experience the needs of this client population and identify ways to assist them in the adaptation to their new way of life. Practicing nurses should also be given the opportunity to receive ongoing education in the needs of the bereaved in order to be appropriately prepared to provide optimal care for these clients.

6.1.4 Factors influencing the study

A number of factors may be found to have influenced this study. The women who were chosen to participate came from stable marriages that had lasted anywhere from six to twenty years. The individuals' relationships with their husbands were depicted as strong, supportive, and loving. Even the participant, who had gone through a separation from her husband, demonstrated a renewed, caring relationship prior to his death. The couples had shared somewhat traditional marriage relationships with the roles of each partner being clearly defined. For example, husbands were frequently described as "disciplinarians" in the homes, and while the majority of wives were employed outside the home, for most of them the role of wife and mother was the primary one. The strength

of these relationships likely contributed to the positive nature of the findings. Shaffer's (1993) study participants reported how troubled and broken relationships had influenced the course of adaptation and adjustment to spousal bereavement. This was a perspective not seen in the current study.

Secondly, socioeconomic status may have influenced the results of the study. The participants all came from middle class homes with stable incomes. Participants in other circumstances would perhaps have been affected differently by the loss of a spouse. Often widowhood is a financial burden for women but this perspective is not seen in the current study.

Thirdly, the age of the participants (29 – 45 years old) was a factor that influenced the perspective of the experiences. The women in the study were raising children and balancing the roles of wife, mother, and employee. With the exception of one, the death of their husband was their first significant experience with bereavement. They likely had nothing with which to compare the feelings they were experiencing as they tried to come to terms with the death of their husband. The immediate increase in responsibilities in all areas of their lives quite likely interfered with the participant's ability to fully experience their grief. The participants may have struggled to acknowledge their loss and move beyond it.

A fourth influencing factor may have been the length of time since bereavement. The time frame of at least one year and not more than eight years was chosen with the goal of the participants being able to recall their stories with clarity, and accurately reflect on their experience. Each of the participants, no matter how far away from the experience, was very capable of putting herself in the position of describing the

experience and articulating her thoughts and feelings. This would possibly have been different had the participants been widowed for a longer period of time.

Fifthly, the fact that all of the study participants have children could influence the study findings. As parents, the participants were required to assist their children through the grieving process and several commented on the value of this in their own lives. It would appear that having children provides unique opportunities to grieve and adjust as a family and that this is frequently a positive contribution to the resolution of the mother's grief.

Finally, the study may have been influenced by the circumstances surrounding the death. Three of the husbands experienced prolonged illness prior to death, thus allowing the participants to anticipate the death. The remaining two, as well as the researcher, experienced the sudden death of their husbands, with no time to prepare for the loss. Research studies have failed to conclusively show which, if either, of these situations makes adaptation and adjustment to bereavement more challenging. This needs to be investigated further to provide greater depth of understanding of how circumstances surrounding her husband's death contribute to the widow's adjustment.

The findings reflected the reality of the lived experience of the young women in the current study. A sample of widows of different ages, with alternate life circumstances, cultural backgrounds, and marriage relationships, would perhaps experience the death of their husband in other ways.

In conclusion, it is my hope that the thoughts and ideas presented by these five young widows have provided information which will be of benefit to other women who experience spousal loss. Additionally, for health care professionals providing care for

young widows and their families, I hope that better understanding of the needs of widows will enable them to identify needs more effectively and find the most beneficial ways of addressing these needs. The discussion of the researcher as instrument, and the specific role of a researcher who has had the same experience as the study participants, hopefully provides insights for other qualitative researchers who will design and implement further studies with young widows.

REFERENCES

- Abner, C.S. (1992). Spousal death, a threat to women's health: Paid work as a "resistance resource". *Image, Journal of Nursing Scholarship*, 24(2), 95 – 99.
- Anderson, K.L., & Dimond, M.F. (1995). The experience of bereavement in older adults. *Journal of Advanced Nursing*, 22, 308 – 315.
- Attig, T. (1996). *How we grieve: Relearning the world*. New York: Oxford University Press.
- Ball, J.F. (1977). Widow's grief: The impact of age and mode of death. *Omega*, 7(4), 307 – 333.
- Blanchard, G., Blanchard, E., & Becker, T. (1976). The young widow: Depressive symptomatology throughout the grief process. *Psychiatry*, 39, 394-399.
- Boeck, L. (1991). Young widows. *Free Inquiry in Creative Sociology*, 19, (213- 220).
- Bowman, T. (1997). Facing loss of dreams: A special kind of grief. *International Journal of Palliative Nursing*, 3(2), 76 – 80.
- Canadian Nurses Association. (2000). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Charlton, R., Sheahan, K., Smith, G., & Campbell, I. (2001). Spousal bereavement: Implications for health. *Family Practice*, 18(6), 614-618.
- Clerien, M. (1993). *Bereavement and Adaptation*. Washington, DC: Hemisphere Publishing Corporation.
- Daggett, L. (2002). Living with loss: Middle aged men face spousal bereavement. *Qualitative Health Research*, 12(5), 625 – 639.

- Davis, S. (1996). The enduring power of friendship. *American Health*, 15(6), 60 – 63.
- Derman, D.S. (1999). *Grief and attachment in young widowhood*. Unpublished doctoral dissertation, Temple University.
- DiGiulio, R.C. (1989). *Beyond Widowhood: From bereavement to emergence and hope*. New York: The Free Press.
- Douglass, B., & Moustakas, C. (1985). Heuristic inquiry: The internal search to know. *Journal of Humanistic Psychology*, 25(3), 39 – 55.
- Duke, S. (1998). An exploration of anticipatory grief: The lived experience of people during their spouses' terminal illness and in bereavement. *Journal of Advanced Nursing*, 28(4), 829-839.
- Field, N., Nichols, C., Holen, A., & Horowitz, M. (1999). The relation of continuing attachment to adjustment in conjugal bereavement. *Journal of Consulting and Clinical Psychology*, 67(2), 212-218.
- Folken, M. (1991). The importance of group support for widowed persons. *Journal for Specialists in Group Work*, 16(3), 172-177.
- Gardner, K.A., & Cutrona, C.E. (2004) Social support communication in families. In A.L. Vangelisti (Ed.), *Handbook of family communication* (pp. 495 – 513), Mahwah, NJ: Earlbaum Associates.
- Ginsberg, G.D. (1997). *Widow to widow*. Tuscon, AZ: Fisher Books.
- Guba, E.G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology Journal*, 29(2), 75-91.
- Guckin, T.M. (2002). *Younger women whose significant others have died and who are rearing children*. Unpublished doctoral dissertation, Walden University.

- Harvey, J.H., & Hansen, A. (2000). Loss and bereavement in close romantic relationships. In C. Hendrick (Ed.), *Close relationships: A sourcebook* (pp. 359 – 370). London: Sage Publishing.
- Holland, H.S. (1919). The King of Terrors. Retrieved July 23, 2004 from the World Wide Web <http://www.qunl.com/rees0007.html>
- Huart, S., & O'Donnell, M. (1993). The road to recovery from grief and bereavement. *Caring Magazine*, 11, 71-75.
- Jasper, M.A. (1994). Issues in phenomenology for researchers of nursing. *Journal of Advanced Nursing*, 19, 309-314.
- Kaimann, D.S. (2002). *Common threads: Nine widows journeys through love, loss and healing*. Amityville, NY: Baywood Publishing Company.
- Kaunonen, M., Tarkka, M.T., Paunonen, M., & Laippala, P. (1999). Grief and social support after the death of a spouse. *Journal of Advanced Nursing*, 30(6), 1304-1311.
- Kaunonen, M., Paivi, A.K., Paunonen, M., & Erjanti, H. (2000). Death in the Finnish family: Experiences of spousal bereavement. *International Journal of Nursing Practice*, 6, 127 – 134.
- Kazanjian, M.A. (1997). The spiritual and psychological explanations for loss experience. *The Hospice Journal*, 12(1), 17 – 26.
- Kirschling, J.M., & McBride, A.B. (1989) Effects of age and sex on the experience of widowhood. *Western Journal of Nursing Research*, 11 (2), 207 – 218.

- Klass, D., & Walter, T. (2000). Processes of grieving: How bonds are continued. In M.S. Stroebe, R.O. Hansson, W. Stroebe, & H. Schutz, (Eds.), *Handbook of bereavement research*. (pp.431 – 448). Washington, DC: American Psychological Association.
- Lincoln, Y, & Guba, E. (1985). *Naturalistic Inquiry*. London: Sage Publications.
- Lindemann, E. (1944). The symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 144 – 148.
- Lopata, H.Z. (1979). *Women as widows: Support systems*. New York: Elsevier.
- Lopata, H.Z. (1996). *Current widowhood: Myths and realities*. Thousand Oaks, CA: Sage Publications, Inc.
- Maddison, D., & Viola, A. (1968). The health of widows in the year following bereavement. *Journal of Psychosomatic Research*, 12 (4), 297 – 306.
- Michael, S.T., Crowther, M.R., Schmid, B., & Allen, R.S. (2003). Widowhood and spirituality: Coping responses to bereavement. *Journal of Women and Aging*, 15(2/3), 145 -165.
- Morgan, L.A. (1976). A re-examination of widowhood and morale. *Journal of Gerontology*, 31(6), 687-695.
- Moss, M., & Moss, S. (1996). Remarriage of widowed persons: A triadic relationship. In D. Klass, P. Silverman, & S. Nickman, (Eds.), *Continuing Bonds: New understandings of grief* (pp. 163-177). Washington, DC: Taylor & Francis.
- Moustakas, C. (1990) *Heuristic Research: Design, methodology and applications*. London: Sage Publications.

- Neimeyer, R.A. (2000). *Lessons of loss: A guide to coping*. Keystone Heights, FL: PsychoEducational Resources, Inc.
- Neugarten, B.L. (1979). Time, age and the life cycle. *American Journal of Psychiatry*, 136, 887 – 894.
- Omery, A. (1983). Phenomenology: A method for nursing research. *ANS: Advances in Nursing Science*, 5(2), 49-63.
- Ott, C.H., & Lueger, R.J. (2002). Patterns of change in mental health status during the first two years of spousal bereavement. *Death Studies*, 26, 387 – 411.
- Oxford English Dictionary. (1971). Volume II P – Z. London: Oxford University Press.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage Publications.
- Pargament, K.I. (1997). *The psychology of religion and coping: Theory, research, practice*. London: The Guilford Press.
- Parkes, C. (1964). Effects of bereavement on physical and mental health: A study of the medical records of widows. *British Medical Journal*, 2, 274 – 279.
- Parkes, C.M., & Brown, R.J. (1972). Health after bereavement: A controlled study of young Boston widows and widowers. *Psychosomatic Medicine*, 34(5), 449 – 461.
- Parkes, C.M., & Weiss, R.S. (1983). *Recovery from bereavement*. New York: Basic Books.
- Parrott, L.I. (1999). Grieving the death of a spouse. *Journal of Psychology and Christianity*, 18(4), 330-337.

- Pearlin, L.I. (1982). Discontinuities in the study of aging. In T.K.Hareven & T.J. Adams (Eds.), *Aging and life course transitions: An interdisciplinary perspective*. (pp. 55-74). New York: The Guilford Press.
- Pine, V. (1986). An agenda for adaptive anticipation of bereavement. In T. Rando (Ed.), *Loss and anticipatory grief*. (pp. 39-54). Toronto, ON: Lexington Books.
- Polit, D., & Hungler, B. (1997). *Essentials of nursing research: Methods, appraisal and utilization*. New York: Lippincott.
- Quigley, D., & Schatz, M. (1999). Men and women and their responses in spousal bereavement. *The Hospice Journal*, 14(2), 65-78.
- Rando, T. (1986). Comprehensive analysis of anticipatory grief. In T.A. Rando (Ed.), *Loss and anticipatory grief*. (pp. 3 – 37). Toronto, ON: Lexington Books.
- Rando, T.A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.
- Robinson, D.S., & McKenna, H.P. (1998). Loss: An analysis of a concept of particular interest to nursing. *Journal of Advanced Nursing*, 27, 779-784.
- Shaffer, S.L. (1993). *Young widows: Rebuilding identity and personal growth following spousal loss*. Unpublished doctoral dissertation, University of San Francisco.
- Silverman, P., & Klass, D. (1996). Introduction: What's the problem? In D. Klass, P. Silverman, & S. Nickman (Eds.), *Continuing Bonds: New understandings of grief*. (pp. 1-24). Washington, DC; Taylor & Francis.
- Sittser, G.L. (1995). *A grace disguised: How a soul grows through loss*. Grand Rapids, MI: Zondervan Publishing House.

- Statistics Canada. (2001). Community profile of population (Tables). Retrieved March 18, 2003 from the World Wide Web:

www12.statcan.ca/English/profil/PlaceSearchForm1.cfm
- Staudacher, C. (1987). *Beyond grief: A guide for recovering from the death of a loved one*. Oakland, CA: New Harbinger Publications.
- Stein, J. (Ed.). (1988). *The Random House College Dictionary*. Toronto: Random House.
- Streubert-Speizle, H., & Carpenter, D. (2003). *Qualitative research in nursing: Advancing the humanistic imperative (3rd ed.)*. Philadelphia, PA: Lippincott, Williams and Wilkins.
- Stroebe, W., & Stroebe, M. (1987). *Bereavement and health: The psychological and physical consequences of partner loss*. New York: Cambridge University Press.
- Swanson-Kauffman, K., & Schonwald, E. (1988). Phenomenology. In B. Sarter (Ed.), *Paths to knowledge: Innovative research methods for nursing*. (pp. 97 – 110). New York: National League for Nursing.
- Thuen, F. (1997). Received social support from informal networks and professionals in bereavement. *Psychology, Health and Medicine*, 2(1), 51-63.
- Torres, G. (1990). The place of concepts and theories within nursing. In J.B. George (Ed.), *Nursing Theories: The base for professional nursing practice*. (pp. 1 – 12) Englewood Cliffs, NJ: Prentice Hall.
- Ulmer, M.B. (1996). Suddenly single: When you lose a mate. *Journal of Christian Nursing*, 13(1), 20 – 22.

- University of Saskatchewan. (1995). University of Saskatchewan: Research handbook.
- [Document]. Saskatoon: Author. Retrieved March 17, 2003 from the World Wide Web: <http://www.sask.usask.ca/research/handbk5-2.shtml#5.2.4>.
- VandeCreek, L. (1988). Sources of support in conjugal bereavement. *Hospice Journal*, 4, 38 – 92.
- van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. London: ON. The Althouse Press.
- Volkan, V.D. (1981). Linking objects and linking phenomena: A study of the forms, symptoms, metapsychology, and therapy of complicated mourning. New York: International Universities Press.
- Withnall, A. (1998). Leftover lives? Perspectives on widowhood. *Health Care in Later Life*, 3(3), 171-182.
- Wolfelt, A. (1989). Dispelling five common myths about grief. *Thantos*, 14, 25-28.
- Worden, J.W. (1982). *Grief counselling and grief therapy*. New York: Springer.
- Zisook, S., & Schuchter, S.R. (1991). Early psychological reaction to the stress of widowhood. *Psychiatry*, 54, 320 – 333.

Appendix A

Consent Form

Title of Study: *The lived experience of untimely spousal bereavement*

Researcher: Marilee E. Lowe, R.N., B.S.N.
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I, _____, agree to participate in a study entitled "*The lived experience of untimely spousal bereavement*" conducted by Marilee Lowe, a Registered Nurse and Master of Nursing student in the College of Nursing at the University of Saskatchewan.

There is a limited amount of information about the experience of widowhood in young women. The purpose of this study is to explore the effects of the experience of bereavement on women who were under the age of 45 when widowed. The results of this study may benefit participants and nurses by extending their understanding of factors associated with adjustment to the loss of a spouse at a young age.

I am aware that I may not benefit directly from this study, and that there are no known foreseen risks to participating in this study. I understand that the information I disclose will be of a sensitive and personal nature. I have been told that there is potential for these interviews to bring up issues that I may find difficult to address without assistance. I have been told that if this occurs, I will be offered individual counseling with Dr. Karen Wright, a Registered Psychologist who is experienced in the field of grief and loss support. Also, I have been told I would have the option of withdrawing from the study.

This study will involve participating in two interviews each lasting about one hour. The interviews will take place at a location of my choice. I am aware that the interviews will be tape recorded and transcribed. The transcribed documents will be made available to me so that I will have the opportunity to read and change the transcription to ensure it accurately reflects what I have said. After I have reviewed the interview transcripts and made any necessary revisions I will sign the transcript release form authorizing the researcher to use the information as described in this consent form. I know the researcher may contact me to clarify any questions she may have from the interview.

I understand that the information provided will be used as part of the researcher's Master's thesis. I understand that direct quotations from the interview information I provide may be used in future reports and presentations, although I will only be identified with a code name. My name will be known only to the researcher and will never appear on any written or presented material.

I understand that the data obtained pertaining to this research study shall be kept in a locked cupboard accessible only to Marilee Lowe to ensure confidentiality. I understand that the tape recordings, transcribed interviews, and other documents I might provide the researcher will be kept in a locked cabinet by Dr. Karen E. Wright, College of Nursing, University of Saskatchewan, for a minimum of five years following completion of the study.

I understand that my participation is voluntary and that I can withdraw from the study at any time. I understand that withdrawal from the study will result in deletion and destruction of data pertaining to myself. I understand that if I have questions about this study and my participation that I can contact Marilee Lowe (306-955-4268), Dr. Karen E. Wright (306-966-6255), or the Office of Research Services (306-966-2984) at any time. Upon my request I may receive a copy of a summary of the finding of this study and/or meet with the researcher to discuss the findings. I understand that a summary of the findings from this research will be published.

I have had the opportunity to discuss the study purpose and my participation with the researcher and to ask questions and receive answers regarding my involvement in the study. I have read and understand this consent form and received a copy for my personal records.

Participant's Name (Please print)

Participant's signature

Date

Researcher

Marilee E. Lowe, R.N., B.Sc.N.

Date

Appendix B

Participant Data/Transcript Release Form

Title of Study: *The lived experience of untimely spousal bereavement*

Researcher: Marilee E. Lowe, R.N., B.S.N.
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I, _____, have been provided with the opportunity to read and make changes to a written copy of the interview transcripts that I participated in on _____ and _____ as part of the study entitled "*The lived experience of untimely spousal bereavement*" conducted by Marilee Lowe, a Registered Nurse and Master of Nursing student in the College of Nursing, University of Saskatchewan, Saskatoon, Saskatchewan. I acknowledge that the interview transcripts accurately reflect what I said in my interview with Marilee Lowe. I understand that the data obtained pertaining to this research study shall be kept in a secure locked cabinet accessible only to Marilee Lowe to ensure confidentiality. I understand that the tape recordings, transcribed interviews, and other documents I might provide the researcher will be stored in a locked cabinet by Dr. Karen Wright, College of Nursing, University of Saskatchewan, for a minimum of five years after the completion of the study.

I understand that if I have any questions or concerns about this study and my participation I may contact Marilee Lowe (306-955-4268), Dr. Karen E. Wright (306-966-6228), or the Office of Research Services (306-966-2084) at any time. I have had

the opportunity to discuss my transcripts with the researcher. I have read and understand this consent form and have received a copy for my personal records.

I hereby authorize the release of this written transcript to Marilee Lowe to be used in the manner outlined in the consent form.

Participant's Name (Please print)

Participant's Signature

Date

Researcher

Marilee E. Lowe, R.N., B.Sc.N.

Date

Appendix C

Demographic Information

Demographic Information:

Name: _____

Address: _____

Telephone: _____

Racial/ethnic background: _____

Employment History:

Before husband's death:

Following husband's death:

Religion: _____

Current Age: _____

Age when widowed: _____

Length of time widowed (in years): _____

Current marital status: _____

Year of remarriage (if applicable): _____

How old was your husband when he died? _____

Circumstances of husband's death (e.g. sudden, unexpected, lengthy illness):

How many children do you have? _____

Ages of children at the time of husband's death? _____

Are you currently or have you ever been involved in a grief/loss support group?

Appendix D

Guiding questions for interview

1. Could you please tell me what it was like for you when your husband died?
2. Could you describe a particular moment in which widowhood became a reality for you?
3. What do you feel have been your adjustments to life as a widow?
 - Easiest adjustment
 - Most difficult adjustment
4. How would you describe your adjustment to single parenthood?
5. What kind of things were helpful to you when dealing with the changes in your life after your husband died?
 - What supports have been most helpful?
 - What supports have been least helpful?
7. Are there things you have learned from the experience of being widowed at a young age?
8. Do you have any strategies or ways to keep your husband's memory alive for yourself and your children (e.g. rituals, memorials, belongings, etc).
9. Have your feelings toward/about your spouse changed over the length of your bereavement?
10. Is there anything else you would like to tell me about your experience that would help me better understand what it has been like for you to live without your husband?